

**A STUDY TO ASSESS THE EFFECTIVENESS OF DICK READ METHOD IN
REDUCING THE ASPECTS OF LABOR PAIN PERCEPTION DURING
FIRST STAGE OF LABOR AMONG THE PRIMI GRAVIDA
MOTHERS IN SELECTED HOSPITAL AT
TIRUNELVELI DISTRICT**



**A DISSERTATION SUBMITTED TO THE TAMIL NADU
DR. M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN
PARTIAL FULFILLMENT FOR THE DEGREE
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APPROVED BY THE RESEARCH COMMITTEE : JULY 2018

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BONAFIDE CERTIFICATE

I hereby declare that the present dissertation titled **“A Study to Assess the Effectiveness of Dick Read Method in Reducing the Aspects of Labor Pain Perception During First Stage of Labor Among Primigravida Mothers in Selected Hospital at Tirunelveli District”** is a bonafide research work done by **Mrs. A. Revathi** under the guidance of Mrs. M. Anbarasi, M.Sc(N),Ph.D HOD of Obstetrics and Gynecological nursing, partial fulfillment for the Degree of Master of Science in Nursing.

Place: Vallioor

Date: 6.8.2018

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CERTIFICATE BY THE GUIDE

This is to certify that the dissertation entitled **“A Study to Assess the Effectiveness of Dick Read Method in Reducing the Aspects of Labor Pain Perception During First Stage of Labor Among Primigravida Mothers in Selected Hospital at Tirunelveli District”** is a bonafide research work done by **Mrs. A. Revathi II year,M.Sc (N)**, Nehru Nursing College, Vallioor, in the partial fulfillment for the Degree of Master of science in nursing under the Tamil Nadu Dr.M.G.R.Medical University, Chennai.

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DECLARATION

I hereby declare that the present dissertation titled “**A Study to Assess the Effectiveness of Dick Read Method in Reducing the Aspects of Labor Pain Perception During First Stage of Labor Among Primigravida Mothers in Selected Hospital at Tirunelveli District**” is the outcome of the research work undertaken and carried out by us, under the guidance of **Mrs.M.Anbarasi, M.Sc(N), Ph.D HOD**, Obstetrics and Gynecological nursing Department, Nehru Nursing College, Vallioor. We also declare that the material of this has not formed in any way, the basis for the award of any degree or diploma in this university or any other universities.

Place: Vallioor

Date: 6.8.2018

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“Hither to Hath the Lord Helped Us”

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INVESTIGATOR

ABSTRACT

A study to assess the effectiveness of Dick Read Method in reducing the aspects of labor pain perception during first stage of labor among Primi Gravida Mothers in selected hospital at Tirunelveli District.

Objectives:

1. To assess the pretest and posttest level of labor pain perception during the first stage of labor among the primigravida mothers.
2. To evaluate the effectiveness of Dick Read Method in reducing the aspects of labor pain perception during first stage of labor among the PrimiGravida Mothers.
3. To find out the association between the aspects of labor pain perception during first stage of labor with their selected demographic variables among the PrimiGravida Mothers.

Hypotheses

- H₁: There will be a significant reduction in posttest mean aspects of labor pain perception score during the first stage of labor among the primigravida mothers after practicing the Dick Read Method.
- H₂: There will be a significant association between the aspects of level of labor pain perception during first stage of labor among the primigravida mothers with their selected demographic variables.

Review was done to evaluate the effectiveness of Dick Read Method in reducing labour pain perception and selected demographic variables.

The conceptual framework for this study was based on Fahy and Parratt Birth Territory theory. Research design for the study was time series research design. Convenient Sampling technique was used to select the sample and the sample size was 30. Pretest labour pain perception was assessed by likert scacle(pain threshold), FLACC (Face, Legs, Activity, Cry, Consolability) scale for pain tolerance and Visual Analogue scale (pain intensity). Then asked the mother to do Dick Read Method during each contraction. The investigator conducted the post test on 4 cm and 6 cm of cervical dilatation by using same tool.

Results:

The results shows that the pretest mean value of pain threshold was 26.7and standard deviation score was 3.68. In posttest I pain threshold mean score was 13.2, standard deviation score was 2.49. In posttest II pain threshold mean score was 9.46, standard deviation score was 1.83. The obtained 't' value of pretest and posttest I score was 22.5, posttest I and posttest II score was 8.9, pretest and posttest II score was 22.3, which was significant at 0.05 levels. Hence it was concluded that Dick Read Method was effective in increasing the level of pain threshold during first stage of labour among the primigravida mothers.

The pretest mean pain tolerance score was 8, standard deviation was 0.81. In posttest I pain tolerance mean score was 3.76, standard deviation score was 0.91. In posttest II paintolerance mean score was 2.9, standard deviation score was 0.38. The obtained 't' test for pretest and posttest I score was 19.91, posttest I and posttest II score was 5.06, pretest and posttest II score was 29.1, which was significant at 0.05 level. Hence the Dick Read Method was

effective in increasing the level of pain tolerance during first stage of labour among the primigravida mothers.

The pretest mean pain intensity score was 8.03 of the standard deviation was 0.77. In posttest I pain intensity mean score was 4.2, standard deviation score was 1.04. In posttest II pain intensity mean score was 3.06, standard deviation score was 0.34. The obtained 't' test for pretest and posttest I score was 25.21, post test I and post test II score was 6.28, pre test and post test II score was 31.99, which was significant at 0.05 level. Hence the Dick Read Method was effective in decreasing the level of pain intensity during first stage of labour among the primigravida mothers.

There was no significant association between the demographic variables, gestational variables and labour pain perception variables (Pain threshold, Pain tolerance and Pain intensity).

Conclusion:

As primigravida mothers has labour pain during first stage of labour , it is necessary to provide pharmacological and non-pharmacological interventions to reduce the labour pain perception. The findings of the study indicated that the dick read method was simple and effective intervention.

Based on the findings of the study recommendations for future study are as follows:

The study can be conducted on larger samples there by findings can be generalized. A comparative study can also be done between the effectiveness of various non-pharmacological measures to reducing labour pain perception.

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LIST OF ABBREVIATION

S. NO.	SYMBOL	ABBREVIATIONS
1	FLACC	Face, Leg, Activity, Cry and Consolability scale
2	IVF	Invitro fertilization
3	AROM	Artificial rupture of membrane
4	SPOM	Spontaneous rupture of membrane
5	PROM	Premature rupture of membrane
6	WHO	World Health Organization

CHAPTER I

INTRODUCTION

“Birthing is a painful process

The body is designed for it,

We’ll make it as comfortable as possible”

-Morrison Susan Jane

Pregnancy is a special time for a woman and her family. It is a time of many changes in a pregnant woman’s body, in her emotions, and in the life of her family. The first stage of labor begins with the beginning of uterine contractions and ends when the cervix has reached full dilatation. Most women have labor contractions for hours before they arrive at a birthing center, because they deliberately stay at home until they are well into the first stage. This means that most likely, they have been experiencing the pain and relaying on their own judgment that everything is going well for a long time. One of their chief needs when they arrive at a birthing center, therefore, is to be reassured that everything is going well.

The first stage of labor lasts from the onset of cervical dilatation until 10 cm. (Adele Pilliteri’s 2013).

The first stage of labour is divided into three phases:

- ✓ **Latent phase**
- ✓ **Active phase**
- ✓ **Transition phase**

The latent phase begins with the onset of true labor uterine contraction which is usually mild. During this phase, contractions may be 15 to 20 minutes apart, lasting 20 -30 seconds. This phase usually begins with little or no cervical dilatation and ends 3-4 cm cervical dilatation. For the primigravida mother the latent phase lasts an average of 9 hours.

The active phase of labor begins when the woman is 3-4 cm to 8 cm cervical dilatation and contractions occur every 3-5 minutes and last up to 60 seconds. The intensity of contraction begins as moderate and continues to increase as the women gets closer to transition phase. The average length of the active phase is the 6 hours for primigravida and 4 hours for multigravida mothers.

The last and shortest part of the first phase of labor is transition, which typically is most intense phase for laboring women. In transition, contractions occur every 2-3 minutes lasting 60-90 seconds. The intensity of contraction is very strong in the transition phase. The average length of transition phase is 2 hours for Primigravida.

High levels of oxytocin present in the fetal circulation during labor. Emotional and physical stresses operate on the maternal hypothalamus triggering the release of oxytocin. The mutually coordinated effects of oxytocin and prostaglandin initiate the rhythmic contractions of true labor.(Myles-2014)

Pain is basic productive mechanism that alerts a person something threatening is happening somewhere in the body. The sensation of pain begins in nociceptors, the end points of afferent nerves, when they are activated by mechanical, chemical or thermal stimuli. Nociceptors are located predominantly in the skin, bone periosteum, joint surfaces, and arterial walls. When these end terminals are stimulated, chemical mediators such as prostaglandins. histamine,

bradykinin, and serotonin are synthesized and help transmit the pain impulse along small, unmyelinated C fibers and large, myelinated A-delta fibers apparently carry dull, low level pain; the fewer A-delta fibers apparently carry sharp, well-localized pain such as labor contractions.

In the dorsal horn of the spinal cord, somatostatin, cholecystokinin and substance P serve as neurotransmitters or assist the pain impulse across the synapse between the peripheral nerve and spinal nerve. The pain impulse then ascends the spinal cord to the brain cortex, where it is interpreted as pain.

The Melzack-Wall gate control theory of pain control (Melzack & Wall, 1965), the most widely accepted theory of pain response, proposes that pain is handled at three points: the peripheral end terminals, the synapse points in the dorsal horn or the point to which the impulse is interpreted as pain in the brain cortex.

Pain terminals are automatically reduced by the production of endorphins and enkephalins, naturally occurring opiates that limit transmission of pain from the end terminals. Pain can be reduced further by mechanically irritating the nerve fibers by an action use as rubbing the skin. These techniques block nerve transmission.

The brain cortex can be distracted from the sensing impulses as pain by use of such techniques as imagery, thought stopping, aromatherapy, yoga, prayer, breathing techniques, herbal preparations, heat and cold application, bathing or hydrotherapy, therapeutic touch or massage, meditation, reflexology, crystal or gemstone therapy, hypnosis, biofeedback, transcutaneous electrical nerve stimulation, acupressure and acupuncture, intracutaneous nerve stimulation.

Sensory impulses from the uterus and cervix synapse to the spinal column at the level of T10 through L1. Pain relief measures for first stage of labor, therefore, must block these upper synapse sites. Sensory impulses from the perineum are carried by the pudendal nerve to join the spinal column at S2, S3, and S4. When the perineum is initiating pain, pain relief must block these lower receptor sites. Some interventions relieve the pain both the first and second stage of labor.

Pain also probably results from stretching of the cervix and perineum. At the end of the transitional phase in labor, when stretching of the cervix is complete and the woman feels she urge to push, pain from the contractions often disappears as long as the woman pushing, until the fetal presenting part causes the final stretching of the perineum. Additional discomfort in labor may stem from the pressure of the presenting on tissues, including pressure on surrounding organs.

During the contractions, blood vessels constricts cells, reducing blood supply to uterine and cervical cells resulting in anoxia to muscle fibers. As labor progresses and contractions becomes longer and stronger, the ischemia to the cells become increases, and the anoxia increase and the pain intensifies. (Myles-2013).

Uterine contractions may be monitored intermittently by a hand or continuously by an internal or external system. Most women are monitored for a short period in early labor to screen for fetal wellbeing. Continuing monitor the duration, strength, and interval between the contractions can aid in tracking the progress of labor. (Gourounil & sandal, 2007)

To determine the length of contraction simply observe the rhythm strip and count the time of interval of the contractions or rest the hand on the woman's abdomen at the fundus of the

uterus very gently to sense the gradual tensing and upward rising of the fundus to assess the time and duration, frequency and intensity of a contraction.

To observing the duration of contraction, estimate the intensity or strength is observed the height of the waveform in the monitor. If you are assessing manually rate a contraction as mild if the uterus does not feel more than minimal tense, as moderate if the uterus feels firm, and the strong if the uterus feels a hard as wooden board at the peak of contraction.

The frequency is timed from the beginning of one contraction to the beginning of next contraction. Use as light touch as possible on a women's abdomen while timing contractions or estimating their strength manually. The fundus of the uterus becomes tender if it has to push against the extra weight of a hand with each contraction.

The perception of pain is, in Perceived pain would generally mean pain that is experienced by someone, rather than something that is seen. the sensation of pain is very much a subjective experiences pain; when a person experiences pain, only they can feel it.

The amount of discomfort a woman experiences during contractions differs according to her expectations and preparation for labor, the position of her fetus, the presence of fear, anxiety, or worry; body image; self-efficacy; and the availability of support people around her. Woman who have believe that they can control their situation (have self-efficacy) are more apt to report a satisfactory birth experience than are those who do not feel in control. Fetal position is a physical variable that can influence the degree of pain a woman experiences.

The primigravida mother is having increased pain duration, intensity and experiencing more pain in abdomen due to uterine contraction comparing multigravida mother. So the

primigravida mothers need more alternative and complementary modalities for reducing the labor pain perception(Adele Pilliteri's 2013).

Grandly Dick Read, English obstetrician, 1890-1959, a method of psychophysical preparation for child birth it was the "natural childbirth" program, a term coined by Dr.Read in the year 1930s. Basically the Read held that child birth is normal, physiological procedure and that the pain of labor and delivery is psychological origin the fear- tension-pain syndrome. He countered a woman's fears with education about the physiological process, encouraged positive welcoming attitude, and corrected false information. (Adele Pilliteri's 2013)

The Dick Read Method is based on an approach proposed by Grandly Dick Read. The premise is that fear leads to tension which leads to pain. A woman achieve lack of fear through relaxation and reduced pain by focusing on abdominal breathing during contractions. The women are helped to manage labor and delivery by using the dick read method. This method the mother should follow in the first stage of labor during contraction. Abdominal breathing can provide distraction, thereby reduce the perception of labor pain help the woman to maintain and control during the contraction. It can promote relaxation of abdominal muscle and increase the size of abdominal cavity. In second stage, breathing is used to increase abdominal pressure and help in expelling the fetus (Daisy Jane Antipuesto-2010).

Dick Read method is thought to increase pain tolerance and pain threshold through a number of mechanisms, including the reduction of anxiety, decreased catecholamine response, increased uterine blood flow, and decreased muscle tension. Dick Read method is most effective as a pain management strategy when learned and practiced in advance of the labor experience

may initiate during labor to achieve an effective coping level for their labor experience. (Myels-2017).

NEED & SIGNIFICANCE OF THE STUDY:

Labour Pain Perception cause the amount of pain experienced to be unique to each individual. Pain is a subjective symptom. No one, but the women herself can describe or know the extent of her pain. Pain may cause anxiety, which may increase the intensity of pain. Insufficient input or monotonous stimuli may cause pain to worsen. If pain increases it may be due to advancing labor. Pain can create other problems for the labor women that can negatively affect the childbirth experience and, if not resolved, can also contribute to increase the incidence of cesarean birth.

According to **World Health Organization (WHO 2015)**; the world total number of population was estimated to have reached 7.5 billion in April 2017. The total population of India in 2017 1,349,688,906, from this the total number of females were 65.2 cores and currently 51 births in a minute and birth rate was 19.3birth/ 1000 population, death rate was 7.3 deaths /1000 population. Total number of live births in India was 113.211.While 85 percent women access antenatal care with skilled personnel. The total number of vaginal deliveries were 2,703,504 and the total number of caesarean deliveries were 1,272,503, the total number of preterm deliveries were 1.59%, the total number of pregnancy was 87.4, total number of abortion rate was 25,995 (13.8), and the total number of estimated pregnancies was 164,448(87.4).

According to the **Hindu Newspaper (2017)** in Tirunelveli district the total number of population were 3,072,880, the total number of females were 1554285, the total number of birth rate was 64131 (20%), the total number of death rate was 26854(8.4%), the total number of

pregnant women were 5280 in 20 blocks. The total number of maternal death rate was 19, the total number of still birth was 438. The total number of infant mortality rate was 11.96 (1000 population), the total number of infant death rate was 396.

According to **Evaluation And Programme Planning** (traditional birth attendant training and local birthing practices in India 2016); In Tamilnadu the total number of population was 79,096,413 (1.2 million), the total number of birth rate was 1206850, the total number of death rate was 547579. The total number of pregnant mothers was 3.7 % in urban and 6.3 in rural areas.

According to the **History of India (McLeod, J. 2015)** In India the maternal mortality was 174 per 100,000 live births. In 2005, it was estimated that the maternal mortality ratio in India is 16 times higher than that of Russia, 10 times that of China and 4 times higher than Brazil. Among developing countries, India contributes to the largest amount of births in the world a year, averaging 27 million births. However, unfortunately India also accounts for 20 percent of Global maternal deaths in year.

According to **National Center for Health Statistics (2015)**; the number of vaginal deliveries were 2,703,504, and the number of caesarean deliveries were 1,272,503.

Maternal mortality is a substantial burden in developing countries. The World Health Organization (WHO) - estimates that 500,000-600,000 per year women died due to pregnancy and childbirth-related complications. Maternal mortality has received recognition at the Global level as evidenced by the inclusion of reducing maternal mortality in the Millennium Development Goals.

The majority of women need non pharmacological pain relief measures, or they may need to delay the use of pharmacological pain management as long as possible. Comfort measures that provide natural pain relief can be very effective during childbirth. Birthing techniques such as Hydrotherapy, Hypno birthing, Patterned breathing, Relaxation and Visualization can increase the production of endogenous endorphins that bind to receptors in the brain for pain relief. Other methods of comfort therapy such as effleurage (light rhythmic stroking of the abdomen), massage, emptying the bladder etc can provide pain relief and reduce the need for narcotic analgesia or anesthesia by naturally creating competing impulses in the central nervous system that can prevent the painful stimuli of labour contractions from reaching the brain.

There are some non-pharmacological pain relief measures such as relaxation, focusing and imagery, prayer, breathing techniques, herbal preparations, aromatherapy and essential oils, heat and cold application, bathing or hydrotherapy, therapeutic touch or massage, yoga and meditation, reflexology, crystal or gemstone therapy, hypnosis, biofeedback, transcutaneous electrical nerve stimulation, acupressure and acupuncture, Intracutaneous nerve stimulation and Dick read method. From these interventions the dick read method was easy to practice for the primigravida mothers during contractions at first stage of labour. It will help to reduce the fear and anxiety and improve the coping pattern regarding labor. These coping strategies will help the primigravida mothers to across the first stage of labor with less labor pain perception.

Dick read method helps the mother in building up self-confidence, improving the coping abilities and increase the perceptions about the childbirth. In fact the element that best predicts a women's experience of labor pain is her level of confidence and ability to cope with the pain satisfaction, fulfillment and sense of accomplishment are often high, when women copes well, even when the pain she is experiencing great.

Joy Justy (2016), Gupta B, Raddi SA, Gupta RS (2016), Fawziya Mohammed Nattah, Wafa Abdul Karim Abbas (2015), Kirandeep Kaur, Avinash Kaur Rana, Shalini Gainder (2013), Anju K Abraham (2013), Sruthi.L (2013) conducted a study related to Dick Read method on labour pain perception among primigravida mothers. Their results show that the 't' score was 5.96, 12.56, 6.72, 3.1, 23.91, 5.174. The researchers concluded that the Dick Read method was effective in reducing the labour pain perception.

Joy Justy (2016) performed a quasi experimental study to assess the effectiveness of the Dick Read Method on management of labour pain and anxiety among 30 primigravida mothers in K.G hospital at Coimbatore. A convenient sampling technique was used to select the sample. A numerical pain rating scale and modified Spielberger state anxiety inventory scale was used to assess the labour pain perception and anxiety level. The study results show that the 't' test score was 5.96. It was significant at 0.05 level. The researcher concluded that the Dick Read Method was effective on reducing labour pain perception among the Primigravida mothers.

Pain has been identified as one of the most frustrating problems in primigravida mothers in labor room. In clinical posting the investigator identified most of the primigravida mothers were unable to cope up with the labor process because of profound anxiety regarding labor process. So the investigator felt that the Dick Read method will be most helpful for reducing the labor pain perception and this method can improve the capacity to tolerate the labor pain among the Primigravida mothers.

Thus the investigator felt the need to explore this area and to assess the level of pain threshold, pain intensity, and pain tolerance, through practicing the Dick Read method during contraction among the primigravida mothers. The aim of the investigator to evaluate the

effectiveness of Dick Read Method in reducing labor pain perception during first stage of labor among the Primi Gravida Mothers.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of Dick Read Method in reducing the aspects of labor pain perception during first stage of labor among Primi Gravida Mothers in selected hospital at Tirunelveli.

OBJECTIVES:

4. To assess the pretest and posttest level of labor pain perception during the first stage of labor among primigravida mothers.
5. To evaluate the effectiveness of Dick Read Method in reducing labor pain perception during first stage of labor among Primi Gravida Mothers.
6. To find out the association between the aspects of labor pain perception during first stage of labor with their selected demographic variables among Primi Gravida Mothers.

HYPOTHESIS

H₁: There will be a significant difference in pretest and posttest mean labor pain perception score during the first stage of labor among the primigravida mothers after practicing the dick read method.

H₂: There will be a significant association between the level of labor pain perception during first stage of labor among the primigravida mothers with their selected demographic variables and gestational variables.

OPERATIONAL DEFINITION

Assess

To evaluate the outcome of Dick Read Method during first stage of labor pain perception (pain threshold, pain tolerance and pain intensity) among the Primi Gravida Mothers.

Effectiveness

Refers to the outcome of Dick Read Method among PrimiGravida Mothers regarding the aspects of labor pain perception during the first stage of labor as measured by Likert pain scale for assessing pain threshold, FLACC pain (Face, Leg, Activity, Cry and Consolability) scale for assessing the pain tolerance and Visual analogue scale for assessing the pain intensity.

Primigravida mothers

A women who is pregnant for the first time is called primigravida. In this study PrimiGravida Mothers who has been become pregnant for first time with the Gestational age of 37- 40 weeks, 1-6 cms of cervical dilatation and in the age group of 21-35 years.

Labor:

Labour is described as the process by which the fetus, placenta and membranes are expelled through the birth canal. Labour is a series events that take place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world is called labour.

First stage of labor:

It refers to the period of true labor pain with regular rhythmic uterine contraction and full cervical dilatation (1 cm to 10 cm).

In this study the researcher selected the Primigravida Mothers who were in 1 – 6 cm of cervical dilatation of first stage of labor.(latent and early active phase)

The first stage of labour is divided into 3 phases

1. **Latent phase (0-4 cm cervical dilatation)**
2. **Active phase (4-8 cm cervical dilatation)**
3. **Transition phase (8-10 cm cervical dilatation)**

Aspects of labour Pain perception

It refers to an unpleasant sensation and experience due to contraction of uterus during first stage of labor. It includes

- a) Pain threshold (The pain threshold is the point along a curve of increasing perception of a stimulus at which pain begins to be felt)
- b) Pain tolerance (Pain tolerance is the maximum level of pain that a person is able to tolerate).
- c) Pain intensity (The pain intensity reflects the magnitude of pain)

Dick read method

The Dick Read Method means the abdominal breathing is practiced during the contraction to foster relaxation, optimal physical function and accept the experience in anticipation of the birth of the baby during the early and middle first stage of labor before cervical dilatation has 1-6 cms, contractions are 2-5 minutes apart and last 30-40 seconds.

ASSUMPTION

1. Pain perception differs from individual to individual among the Primi Gravida Mothers.
2. Pain perception level in first stage of labor influences the maternal outcome of Primi Gravida Mothers.
3. Dick Read Method reduces the labor pain perception during first stage of labor among the Primi Gravida Mothers.
4. Dick Read Method will Increase the pain tolerance, pain threshold and decrease the pain intensity during first stage of labor among the Primi Gravida Mothers.

DELIMITATION

The study is delimited to:

1. Primi Gravida Mothers during first stage of labor and the cervical dilatation of 1-6 cm.
2. Primi Gravida Mothers who underwent normal full term vaginal delivery without any gestational and obstetric complications.
3. Primigravida mothers who can understand Tamil and English.
4. Primigravida mothers who are willing to participate in this study.
5. The sample size is only 30 PrimiGravida Mothers.

CONCEPTUAL FRAME WORK ON FAHY AND PARRATT BIRTH TERRITORY THEORY

The researcher was adopted Fahy and Parratt Birth Territory Theory: the main principle of the theory is that if midwives succeed as guardians of the women so that they are secure in their 'birth territory', the birth is more likely to be normal, and the women is more likely to be contented with her experience in a pleasant manner during her labour period, and cope better with the postpartum period and the experiences that follow.

In 1997, Dick Read presented a theory on the importance of caring in midwifery service. The principal aspects of the theory are that caring is the best way for women to have a positive birth experience and that communication is a crucial aspect, along with the presence of the midwife, her knowledge and understanding, and her helping the woman to retain a sense of control in the birth. So this Fahy and Parratt Birth Territory Theory is suitable for this study, to assess the effectiveness of dick read method in reducing the aspects of labour pain perception during first stage of labour among primigravida mothers.

CONCEPT OFFAHY AND PARRATT BIRTH TERRITORY THEORY:

Midwifery:

An autonomous scholarly discipline, with its own objectives and specialized service, which is provided through the midwife's professional caring, competence and wisdom, her interpersonal skills and her partnership with the woman in childbirth, together with her own personal and professional development. The midwife's professionalism enhances the well-being of the woman during the childbirth process, and the childbearing woman is empowered.

The child bearing women:

A woman in the childbearing process is a person who is part of a family and of a community. In the context of the childbearing process, the woman is a vulnerable individual who needs the help of a professionally competent midwife, who has the qualities of professional caring and wisdom, as well as interpersonal skills. A woman in the childbirth process is a person under a strain, who has an especially great need for professional caring, and is more sensitive than usual to uncaring.

Women's health during the childbirth process:

Health has many dimensions, including the physical, mental, emotional, social and spiritual. The health of a woman during the childbearing process can improve or deteriorate in various ways, both through the woman's own actions and those of others, e.g. the midwife. In short, the health of a woman during the childbirth process consists of the woman's subjective sense of a strength that enables her to achieve her most important objectives concerning her long-term happiness and welfare.

The context of child bearing women:

The context or environment of a woman during the childbirth process is of two kinds: the internal context, comprising the woman's needs, expectations, her prior experiences and her sense of herself and the external context, comprising factors outside the woman herself, but affecting her, such as her partner and her family.

DESCRIPTION OF THE THEORY

Midwives face the complex challenge of bringing together many different factors in their work. When they are successful, the woman benefits from their professionalism.

The five principal factors:

- ❖ The good midwives professional caring.
- ❖ The good midwives professional wisdom.
- ❖ The good midwives professional competence.
- ❖ The good midwives interpersonal competence
- ❖ The good midwives personal and professional development.

The good midwife's professional caring:

The importance of professional caring is emphasized in the theory. In the childbearing process we want to maintain the dignity of the woman giving birth. Many women want more humane, personal service during the childbearing process, with sensitivity to their needs, so that they are better prepared to cope with the processes of birth, which are both physical and mental. Professional caring means in addition *to* truly care for the woman, her child and her family – and to want the best for them.

In this study the professional caring means the researcher assessing the demographic, variables including Age, educational status, occupation, family income, religion, marital relationship, types of marriage, type of family, duration of marital life, area of living, information regarding childbirth process, source of information on child birth process and The gestational variables including gestational age at weeks, history of infertility, specify the treatment for infertility, antenatal visit and status of membrane on admission among the primigravida mothers and also assess the cervical dilatation. Assess the frequency, intensity of

uterine contraction, assess the Pain threshold by using likert pain scale, Pain tolerance with use of FLACC (Face, Leg, Activity, Cry and Consolability) pain scale, Pain intensity by using Visual analogue scale.

The midwife's professional wisdom:

Part of the midwife's professional wisdom is for instance to create a peaceful environment during birth, as peace and quiet are important factors in a good birth, which has been linked to women's contentment with the experience; and it is a factor which is conducive to successful partnership between mother and child. Increasing a woman's sense of security by creating a quiet environment characterized by warmth and caring should thus be one of the factors emphasized with respect to childbirth.

In this study the professional wisdom means based on the assessment findings the researcher planned Dick Read Method to increasing the pain threshold and pain tolerance, decreasing the level of pain intensity.

The good midwife's professional competence.

The midwife's professional competence is emphasized in the theory, i.e. the midwife has the ability to connect with the woman and collaborate effectively with her, with the shared objective that all should go well in the process of birth. Active listening is one of the important factors in this context, along with providing information and advice which the woman understands; the midwife must be able to adapt her communications to the needs of each woman. Collaboration between the midwife and the woman is at the heart of the theory and that collaboration is based upon the midwife's caring, competence and insight.

In this study professional competence means the researcher was demonstrated the Dick Read Method for the primigravida mothers and Researcher was assessed the Fetal heart rate, intensity, duration and frequency of uterine contraction, cervical dilatation, colour of amniotic fluid, and Moulding recorded in the Partograph.

The good midwife's interpersonal competence:

Women often experience doubt of their ability to carry and give birth to a baby, due to fear of the actual birth. One of the roles of the midwife is to help women deal with their fear and enhance their self-confidence during pregnancy through interpersonal competence. Fear of birth also appears to play a part in women's experience of pain during birth, and hence it is important to help women deal with their fear. According to the theory, successful connection and partnership between the woman and the midwife allow the woman to express her fear and apprehensions without embarrassment. This partnership is therefore the foundation for working with the fear and mitigating it before the birth.

In this study interpersonal competence means the researcher was encouraged the mother to practice the Dick Read Method during each contraction and the mother was practicing the dick read method during each contraction.

The good midwife's personal and professional development:

The professional midwife develops herself both personally and professionally, which is the prerequisite for true professionalism. Knows how to evaluate and develop her own

knowledge, competence and skill in her work, Has a clear self-image, normal self-confidence and a clear professional identity – is professionally independent and creative, Has healthy personal and professional confidence, Maintains her professional competence – both in knowledge and skills Knows how to deal with stress and has developed own ways of preventing burn-out. Nurtures herself as a person and as a midwife.

In this study personal and professional development means the researcher was conduct the post test I to assess the level of labour pain perception variables(pain threshold, tolerance and intensity) at 4 cm cervical dilatation and post test II level of labour pain perception variables(pain threshold, tolerance and intensity) at 6cm of cervical dilatation by using same tool.

The midwife's professionalism

The common goal of health care and all health professions is increased health and well-being of its recipients. Health professionals' training socializes students to behave in a certain way, and this also influences how they think and feel about what they are doing a profession is entrusted with safeguarding the public from those who lack, for any reason, the necessary competence to work within the relevant profession. Midwives see birth as a natural event, and seek to meet the needs of women during the childbearing process by helping them to be stronger and enhancing their self-confidence and faith in their own abilities, while also protecting them and ensuring their safety during the birth.

In this study the midwife professionalism means after practicing the Dick Read Method during first stage of labour will helps in Increasing pain threshold ,Increasing pain tolerance, and decreasing pain intensity.

CONCLUSION:

The subjective sense of a woman of being empowered through an encounter with a professional midwife. The basis for the midwife's professionalism is the midwife's professional competence and wisdom, professional caring and interpersonal competence as well as the midwife's personal and professional development. Empowerment decreases the woman's vulnerability, increases her well-being, gives her a stronger 'voice' in her situation, gives her a stronger sense of control in the childbearing process and enables her to empower herself and cope better with the situation which the childbearing process entails.

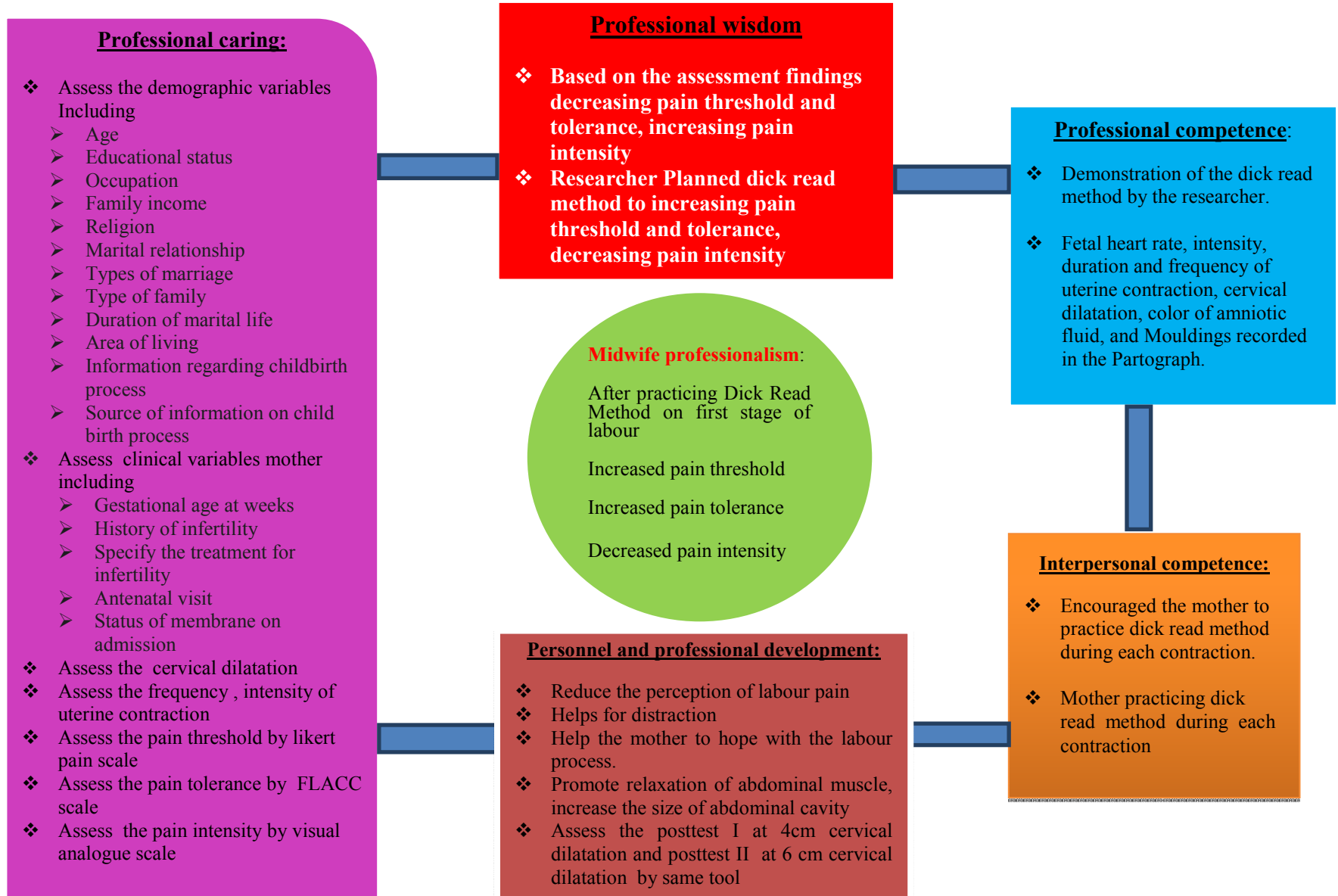


FIG: 1 CONCEPTUAL FRAMEWORK FOR FAHY AND PARRATT BIRTH TERRITORY THEORY

CHAPTER – II

REVIEW OF LITERATURE

A review of literature is an eventual aspect of scientific study. It involves the systematic identification, location, serving and summary of the written materials that contain information on a research problem. It broadens the views of the investigator regarding the problem under investigation, helps in focusing on the issues specially conserving the study.

This chapter deals with the information collected in relation to the present study

1. Review of literature regarding incidence and prevalence of labour pain perception
2. Review of literature regarding methods of managing labour pain during child birth
3. Review of literature regarding effectiveness of dick read method in reducing labour pain perception.

1. REVIEW OF LITERATURE REGARDING INCIDENCE AND PREVALENCE OF LABOR PAIN PERCEPTION:

Divyadevi.B.R, Latha.K, Jeyamohanraj,et al(2015) performed a study to assess the perception of labour pain and birthing experience among 30 primi parturient mothers at Chrompet Government general hospital, Chennai. A non-probability convenient sampling technique was used to select the sample. A visual analogue scale was used to assess the perception of pain. A results shows that in

(73.3%) of them had severe labour pain. the researcher concluded that the majority of the women felt severe labour pain perception during first stage of labour.

Auwalu muhammed and Shehu Danlami (2011) carried out a descriptive cross sectional study to assess the perception of pain in first stage of labour among 51 Primigravida mothers in Hajiya Gambo Sawaba General Hospital at Zaria city. An Accidental sampling technique was used to select the sample. A simple descriptive pain intensity scale was used to assess the labour pain perception. 15% of them reported severe pain during first stage of labour. The researcher concluded experience of labour pain perception is different may be influenced by age, culture, prior expectation.

Shrestha I, pradhan N, Sharma J(2013) Performed a descriptive study to assess the perception of labour pain among parturient women at Tribhuvan University Teaching Hospital. Nepal . A Visual analogue scale was used to assess the pain perception during labour. The study results shows that 32% of them had severe labour pain perception during first stage of labour. The researcher concluded that the pain was moderate to severe for majority of the parturients. Adolescents, nullipara patients with higher education and those in advanced labour were more likely to perceive labour pain of higher intensity.

Meharunnisa Khaskheli, Shahla Baloch (2010) conducted a descriptive study to investigate subjective pain perception during labour among 400 labouring mother Liaquat University Hospital Hyderabad. A sample was selected by convenient sampling technique. A Visual analogue scale was used to assess the pain during labour. The study results shows that the 66% of them had found it an exhausting pain

during labour those who found labour pains an acceptable process. The researcher concluded that majority of them felt severe pain perception during labour so researcher need to give some non pharmacological measures to reduce the labour pain perception.

Pirdel, manizheh(2009) conducted a descriptive study to assess perceived environmental stressors and pain perception during labour among 300 Primiparus and 300 Multiparus women at Tabriz Alzahra Hospital Iran. A random sampling technique was used to select the sample. A Visual analogue scale was used to assess the level of pain intensity during labour. The study results shows that 76.3% of the primiparus and 73.3% of the multiparous reported delivery pain score was more than 8 , which indicates the majority of them had severe pain perception during labour. primiparous women believed that a crowed delivery room(70%) and restriction of movement and mobility (67%) contributed to their stress. Multiparous women believed that noise in the delivery ward (84%) and restrict of fluid intake (78%) increased their stress. The researcher concluded that the medical staffs seems to play a great role in alleviating labour pain by reducing stressors, especially the objective ones that are more stressful.

2. REVIEW OF LITERATURE REGARING METHODS FOR MANAGING LABOR PAIN IN CHILD BIRTH:

Jasleen Kaur ,Harbans Kaur(2017) performed a pre experimental study to assess the effectiveness of massage therapy on severity of labour pain and anxiety among 60 primi parturient mothers at Civil Hospital, Jalandhar, Punjab. A non-probability purposive sampling technique was used to select the sample. The modified

visual analogue scale and self-structured anxiety assessment scale were used for assessing labour pain and anxiety. The study results shows that the pre test mean score for labour pain was 82.91, anxiety score was 25.53. In post test mean score for labour pain was 22.66, anxiety mean score was 10.48. The labour pain 't' test value score was 24.0 and anxiety 't' test value score was 20.33. It was significant at 0.001 level. The researcher concluded that the massage therapy was decrease in the severity of labour pain and anxiety.

C.Susila, Suganthi (2017) carried out the pre experimental one group pretest posttest design was chosen to assess the effectiveness of massage on level of pain perception during first stage labor among 30 primi gravida mothers at vadavalli health centre, Coimbatore. A purposive sampling technique was used to select the sample. And a numerical pain scale was used to assess the labor pain level. The study results shows that the pre test mean score was 6.9, SD score was 2.179 and post test mean score was 3.36, standard deviation score was 1.646 and The 't' test score was 10.33, It was significant at 0.05 level. The researcher concluded that the massage was found effective in reducing the labor pain perception.

K.Pappathi, Dr. Emerald.J, Pomiyan Selvan, et al (2017) conducted quasi experimental non equivalent pretest posttest with control group study to evaluate the effectiveness of selected Lamaze breathing technique on reduction of pain perception during first stage of labour among 60 primigravida mothers at Kongunadu Hospital at Coimbatore. A non-probability purposive sampling technique was used to select the sample. A numerical pain intensity rating scale was used to assess pain level. The study results shows that in pre test none of them had no pain, 50% of them had mild

pain, 40.00% of them had moderate pain, 10% of them had severe pain and in post test 6.60% of them had mild pain, 63.30% of them had moderate pain, 30% of them had severe pain, none of them had worst pain and the mean score was 4.1, SD score was 13, 't' test value score was 12.95 . it was significant at 0.05 level . The researcher concluded that the lamaze breathing technique was effective for reduction of labor pain perception during first stage of labor.

Deepika Sethi, Seema Barnabas,(2016) conducted a pre experimental study to evaluate the effectiveness of back massage in first stage on labour pain among 40 primigravida mothers admitted in Christian medical college and hospital, Ludhiana, Punjab. A modified labour pain relief tool was used to assess the labour pain. In pre test 1(2.5%) of them had mild pain, 29(72.5%) of them had moderate level of pain and 10(25%) of them had severe level of pain. In post test 16(40%) of them had mild level of pain, 24(60%) of them had moderate level of pain, and none of them had severe pain. The study results shows that the mean value was 3.75, the standard deviation score was 1.01 and the 't' test score was 10.51 it was highly significant at $p < 0.01$ level. The researcher concluded that the back massage was effective for reducing labor pain perception.

Nadiya Melnyk.L.Ac.(2016) conducted a comparative research study to assess the acupressure and acupuncture on labor pain perception and the pharmacological method during childbirth of labor pain perception among 50 primigravida mothers in Maternity Hospital at Bangalore. A Visual analogue scale was used to assess the labor pain. The study results shows that the 't' value score was 5.77; it was significant at 0.05 levels. The researcher concluded that the efficacy of using acupressure and

acupuncture as therapeutic alternatives to pharmacological methods in child birth pain management.

Naidu Merita Mohanraj (2016) handling a true experimental comparative study to assess the effectiveness of back massage with olive oil versus sesame oil on pain perception during first stage of labor among 60 primigravida mothers admitted in the Government Hospital for women and children, chennai. A Random sampling technique was used to select the sample. An universal pain scale was used to assess the pain level. The study results shows that pre test mean value of olive oil score was 10 and post test score was 5.80 and pretest mean value of seasame oil score was 10 and post test score was 6.10 and the olive oil 't' value score was the 11.877 and sesame oil 't' test value score was 18.989. it was significant at 0.001 level. The researcher concluded that the both olive oil and sesame oil seems to have significant reduction in pain perception following massage therapy during first stage of labor.

M.Kanaga Durga(2016) conducted true experimental time series design to assess the effectiveness of scalp acupressure upon labor pain and coping among 30 primi gravida mothers at St. Antony Hospital Madhavaram Chennai. A simple random technique was used to select the sample. Tools pain intensity scale and modified anxiety scale was used to assess the labor pain level and anxiety. The study results shows that the pre test score was 7.4, SD score was 0.51 and post test mean score was 8.95, SD score was 0.34 and the labour pain 't' value score was 30.868 and the anxiety 't' value score was 15.17, which was significant at $p < 0.001$ level. So thus proves the scalp acupressure was effective for reducing labor Pain and anxiety.

Angel Rajkumari.G, Soli.T.K And Malathy.D (2015) oversees to assess the effectiveness of selected intervention (birth ball) in reducing level of pain perception and birth experience among 40 primigravida mother in Nirmala Hospital in Suryapet at Telugana. A non-probability purposive sampling technique was used to select the sample. A Modified combined Numerical Categorical pain intensity scale was used to assess the labor pain perception and labour agency scale (LAS) was used to assess the labour outcome. The study results shows that the pain perception in pre test mean score was 8.49, SD score was 1.36 and in post test mean score was 3.35, SD score was 0.74, 't' test value score was 29.427 it was significant at 0.001 level and in birth experience in pre test mean score was 23.58, SD score was 38.80 and in post test mean score was 38.80, SD score was 5.73, 't' test value score was 24.09 it was significant at 0.001 level. The researcher concluded that birth ball therapy could be an effective non pharmacological intervention in reducing pain perception.

Jemilla (2015) conducted a time series research design to assess the effectiveness of birthing ball during the first stage of labour on perception of labour pain and labour progress among 30 primigravida mothers at JJR Maternity hospital, Gowrapalaya, Bangalore.. The pain intensity scale was used to assess the level of pain perceived by primigravida mothers. A study results shows that the 't' value score was in first phase was 5.89, 2 nd phase was 13.57, and 3 rd phase was 16.70. It was significant at 0.05 levels. So the study result implies birthing ball is effective for reducing the labour pain perception.

Amudha Shoba (2015) conducted a quasi-experimental study to assess the effectiveness of presence of family members during labour process in reduction of

labor pain perception among 30 primigravida mothers at Ashwini Hospital Puducherry. A convenient sampling technique was used to select the sample. A Visual analog scale was used to assess the level of labor pain. A study results shows that the mean score was 6.27, standard deviation score was 1.98 and 't' test score was 3.02. it was significant at 0.001 level. The researcher concluded that presence of family members during labor process helps the women to felt less labor pain perception.

Mary Sophia.c, Jayabharathi , Judie .A ,(2015) conducted a comparative study to assess the effectiveness of left lateral position versus upright position on fetal heart rate and labour pain perception during the first stage of labour among 60 primigravida mothers at Government Hospital, Vellore.. The purposive sampling technique was used to select the sample. The pain intensity scale was used to assess the level of pain perceived by primigravida mothers. A study results shows that the group I left lateral position fetal heart rate mean score was 136 and SD score was 9.08 and labour pain perception mean score was 3.07, Standard deviation score was 2.99. In group II, the upright position the mean score was 149.17, Standard deviation score was 10.53 and labour pain perception mean score was 4.97, Standard deviation score was 2.56. The't' value score was 2.63. It was significant at 0.05 levels. So the researcher concluded that the left lateral position during first stage of labour among the primigravida mother felt less labour pain perception and increased fetal heart rate.

Debhajini Nayak, Sharada Rastogi,Om Kumari Kathuria (2014) conducted a quasi experimental study to assess the effectiveness music therapy on anxiety and pain perception in primigravida mothers during labour process in reducing labour pain among 30 primi partiurient mothers in RAK Hospital in Delhi .

A Visual analogue pain scale was used to assess the pain level. A study results shows that the anxiety post test mean score was 50.06 and SD score was 1.931, 't' test score was 26 it was significant at 0.05 level and pain perception mean score was 6.27, SD score was 0.52, 't' test score was 14.70 highly significant at 0.05 level. The researcher concluded that the music therapy during labour helps in reducing the labour pain perception and anxiety.

Sabastian MK (2014) conducted a experimental pretest posttest control group design to assess the effectiveness of acupressure on the degree of labor pain perception during first stage of labor among 60 primigravida mothers in Swami Dayanand Hospital at Delhi. A simple random sampling technique was used to select the sample and a numerical pain scale was used to assess the level of labor pain perception. A study results shows that the mean score value was 6.17 and standard deviation score was 1.10 and 't' value was 2.38 that was significant at 0.50 level. The researcher concluded that while giving the acupressure at the point of L₁₄ was effective in reducing labor pain perception in experimental group comparing to control group.

Padmavathi.P, Elsy jeyapriyam (2014) conducted a true experimental factorial design to assess the effectiveness of massage versus position on labour pain perception during first stage of labour among 30 primigravida mothers in Government hospital at Erode. A simple random sampling technique was used to select the sample. A Visual analogue scale was used to assess the pain level. The result shows that in pretest experimental group I 8(53%) of them had very severe pain, 7 (47%) of them had severe pain. In group II 12(80%) of them had very severe

pain, 3(20%) of them had severe pain, in posttest group I 12(80%) of them had mild pain, 3(20%) of them had moderate pain, in group II 9(60%) of them had mild pain, 6(40%) of them had moderate pain. A study results shows that the 't' value score was 4.32. It was significant at 0,05 level. The researcher concluded that massage was more effective in reducing level of labour pain perception than positions.

Sani Christil (2013) carried out the quasi experimental design to assess the effectiveness of olive oil massage in reducing the labor pain perception among 60 Primigravida mothers at George Mission Hospital at kottar, Nagarcoil. The universal pain assessment scale was used to assess the labor pain level. The study results shows that the 't' value score was 13.31; It was significant at 0.001 level. It implies of that the olive oil massage has significant effect on the reduction of labor pain perception.

Siva Sankari ,Vijaya Lakshmi.S. (2013),performed quasi experimental study to assess the effectiveness of acupressure on reduction of labor pain perception during first stage of labor among 60 primigravida mothers at St. Joseph Hospital, Pudhcherry. A 0-10 Combined Numerical categorical scale used to assess the labor pain level. The study results shows that the 't' value score was 7.68; it was significant at $p < 0.001$ level. Mean value of posttest was 1.43 and standard deviation score was 0.50. The study concluded that the acupressure during first stage of labor helps in reducing the level of labor pain perception among the primigravida mothers.

Leodoro J .Labrague, rheajane A.et al(2013) conducted a quasi-experimental research to assess the effectiveness of soothing music on labour pain perception among 50 Primigravida mothers in selected Government hospital at Bangalore. A convenient sampling technique was used to select the sample. A visual

analogue scale was used to assess the pain level. A study results shows that the pretest mean score was 75.20, SD score was 11.80 and post test score mean was 52.96, SD score was 12.80 and the 't' test score was 7.31, It was significant at 0.05 level. The researcher concluded that the soothing music was effective for reduction of labour pain perception.

Roselin Devamani (2012) carried out quasi experimental study to assess the effectiveness of reflexology on progress of first stage of labour among 60 primigravida mothers (30 in experimental group and 30 in control group) at Vijaya Hospital and Salem Polyclinic, Salem. A non-probability convenience sampling technique was used to select the sample. The numerical pain intensity scale was used to assess the level of pain during first stage of labour. The study results shows that the pre test mean score was 2.53, standard deviation score was 0.97 and post test mean score was 7.73 standard deviation score was 0.52 and the 't' test value score was 8.073 it was significant at 0.05 level. The researcher concluded that the reflexology was effective on progress of first stage of labour

Mahin kamalifard, Mahaz Shenazmahazi et, al(2012) carried a study conducted to evaluate the effectiveness of back massage and breathing exercises on pain relief in primi gravida mothers during the first stage of labour in selected government hospital of Delhi .The samples comprised of 26 experimental and 26 control group primi mothers who were selected by purposive sampling. A standardized pain assessment tool (0-10 numerical pain intensity scale) was used to collect the data. Data were analyzed using descriptive and inferential statistics. the study results shows that the pretest mean value 8.8 and post test score was 10.8 and

the 't' test score was 26.3 it was significant at 0.01 level. The conclusion of the study based on the basis of findings was back massage and breathing exercise were found to be an effective non-pharmacological measure for significantly reducing the intensity of labour pain in primi mother.

Deepa Lakshmi.D (2011) conducted a quasi-experimental research to assess the effectiveness of Lamaze method on pain during labor among 40 Primigravida mothers in two corporation hospitals at Bangalore. A numeric pain intensity scale was used for assessing labor pain and modified spiel Berger's anxiety scale used to measuring the anxiety during labor. The study results were shows that the "t" value score was 6.8; it was significant at 0.05 levels. The researcher concluded the Lamaze method was effective for reducing the labor pain perception

3. REVIEW OF LITERATURE REGRDING DICK READ METHOD ON LABOR PAIN PERCEPTION:

Joy Justy (2016) performed quasi experimental study to assess the effectiveness of dick read method on management of labour pain and anxiety among 30 primigravida mothers in K.G hospital at Coimbatore. A convenient sampling technique was used to select the sample. Anumerical pain rating scale and modified spielberger state anxiety inventory scale was used to assess the labour pain and anxiety level .A study results shows that the't' test score was 5.96 so it was significant at 0.05 level. The researcher concluded the Dick Read Method was effective on labour pain perception among primigravida mothers

Gupta B, Raddi SA, Gupta RS (2016) master mind experimental study to assess the effectiveness of dick read method on labour pain perception among 60 primigravida mothers (30 in experimental and 30 in control group) at selected maternity unit of hospital at Belgaum, Karnataka. A simple random sampling method (lottery method) was used to select the sample. An observational check list was used to collect the data. A study results shows that the experimental group post test mean value was 10.40, control group post test mean score was 5.37 and the 't' test score was 15.16 which was significant at 0.005 level. This revealed that Dick Read Method was effective in reducing labour pain perception.

Wafa Abdul Karim Abbas, Fawziya Mohammed Nattah (2015) conducted a quasi experimental study to assess the level of pain and its relation with dick read method into first stage of labour among 50 primigravida mothers at Babylon teaching hospital at Babylon. The random sampling technique was used to select the sample. A Visual Analogue scale was used to assess the labour pain, A study results shows that the mean value was 6.30, 't' test value was 6.72. It was significant at 0.05 levels. The researcher concluded that experimental group perceived the pain level was less than the control group pain level. So the Dick Read Method was effective for reducing the labour pain perception.

Kirandeep Kaur, Avinash Kaur Rana, Shalini Gainer (2013) master mind a quasi-experimental research to assess the effect of video on dick read method during labour on pain perception and duration of labour among 40 primigravida mothers in Nehru Hospital, PGIMER, at Chandigarh. A random sampling technique lottery method was used to select the sample. A numeric pain rating scale was used to

assess the pain perception in first stage of labour. A study results shows that the experimental group mean score was 37.8 and control group mean score 37.5 and the 't' test score was 3.103, it was significantly 0.001 level. The researcher concluded the Dick Read Method was effective during labour help to reduce labour pain perception.

Anju K Abraham (2013) performed a quasi experimental study to assess the effectiveness of Dick Read Method on labour pain and behaviour response among 60 primi gravida mothers (30 in experimental group and 30 in control group) admitted ST Philomena's Hospital, Vivek Nagar, Bangalore. A purposive sampling technique was used to select the sample. A modified numeric pain intensity scale was used to assess the level of pain. The results shows that the 't' test score was 23.91. It was significant at 0.05 level. The researcher concluded that the Dick Read Method was effective in reducing labour pain during first stage of labour.

Savitha Dhiwar, Elizabeth Thomas(2011) conducted nonequivalent pretest post test control group study to assess the effectiveness of Dick Read Method in reduction of pain during first stage of labour among 60 primigravida mothers at selected hospital at Pune city. A non probability purposive sampling technique was used to select the sample. A numeric pain intensity scale was used to assess the labour pain. A study results shows that the pretest mean score was 2.8 posttest mean value was 2.4 and 't' test value score was 1.68 it was significant at 0.05 level. The researcher concluded that the Dick Read Method was effective in reduction of pain among primigravida women during first stage of labor.

CHAPTER- III

RESEARCH METHODOLOGY

Research Methodology deals with research approach, research design, research variables, setting of the study, population, sample, sampling technique, sample size, criteria for sample selection, development and description of tools, content validity, reliability, description of intervention, methods of data collection and plan for data analysis.

Research Approach:

A quantitative research approach was adopted to assess the effectiveness of Dick Read Method in reducing labor pain perception during the first stage of labor.

Research Design:

Research design can be defined as a blue print to conduct a research study.

In this study the researcher selected a Pre Experimental one group Pretest and Posttest time series research design was adopted.

Group	Pre test	Intervention	Posttest I	Posttest II
Experimental group (E)	O ₁	X	O ₂	O ₃

Key:

O - Pre-test level of labour pain perception at 1-2 cm cervical dilatation during first stage of labor among the Primi Gravida Mothers before practicing the Dick Read Method.

X - Practicing Intervention during contraction (Dick Read Method).

O₂ - Post- test (I) level of labour pain perception at 4 cm cervical dilatation during first stage of labor among the Primi Gravida Mothers after practicing the Dick Read Method.

O₃ - Post-test (II) level of labour pain perception at 6 cm cervical dilatation during first stage of labor among the Primi Gravida Mothers after practicing the Dick Read Method.

Variables:

Variables are qualities, properties or characteristic of persons, things or situation that change or vary. The variables are:

Independent variable:

Independent variable is defined as the variable that is changed or controlled in a scientific experiment. It represents the cause or reason for the outcome. A change in the independent variable directly changes in the dependent variable.

In this study the independent variables was Dick Read Method during first stage of labour among Primi Gravida Mothers.

Dependent variable:

Dependent variable is what you measure in the experiment and what is affected during the experiment. The dependent variable is 'dependent' on the independent variable. The dependent variable being tested in a scientific experiment.

In this study the dependent variables were labor pain perception. It includes 3 aspects

1. Pain threshold of labour pain
2. Pain tolerance of labour pain
3. Pain intensity of labour pain

Setting of the study:

The setting of the study was conducted at Lakshmi Mathavan Hospital in Tirunelveli, which is 45 km away from the Nehru Nursing College. This hospital had around 150 bedded hospital which includes antenatal ward, postnatal ward, labor room and gynecological ward. The hospital has separate obstetric operation theatre and newborn unit. Usually 100-150 deliveries occurs every month. Out of them, 30-50 mothers underwent full term normal vaginal deliveries every month.

Population:

The entire set of individuals or objects having some common characteristics selected for a research study

In this study, the population was the primigravida mothers who were admitted for delivery in Lakshmi Madhavan Hospital at Tirunelveli.

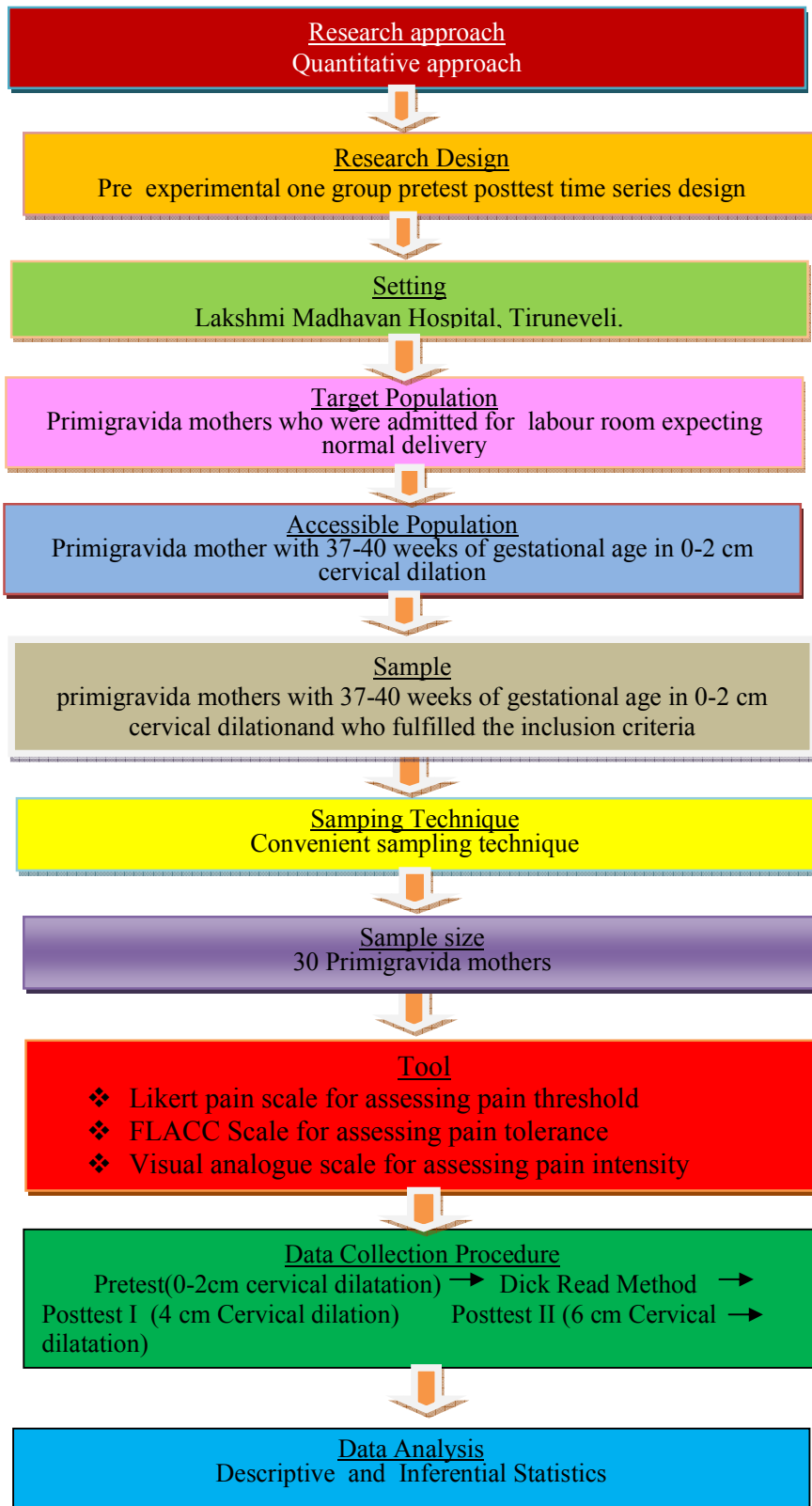


Fig 2 : Schematic Representation of the Research Methodology

Target population:

The entire population in which the researchers are interested and to which they would like to generalize the research finding.

The target population of the present study included primigravida mothers during 37-40 weeks of gestational age at the age group of 21-35 years, and 1-6 cm of cervical dilatation.

Accessible population:

It defined as the aggregate of cases that conform to designated inclusion or exclusion criteria and that are accessible as subjects of the study.

In this study, the accessible population comprised of the Primi Gravida Mothers who were underwent full term normal vaginal delivery with 37-40 weeks of gestation and 0-2 cm of cervical dilatation at Lakshmi Madhavan Hospital in Tirunelveli.

Sample:

A sample is a part or subset of population selected to participate in research study.

The sample of the present study consists of Primi Gravida Mothers who fulfilled the inclusion criteria at Lakshmi Madhavan Hospital in Tirunelveli.

Sample size:

Sample size is a number of subjects, events, behavior or situation that are examined in a study.

The Sample size consists of 30 Primi Gravida Mothers who were in first stage of labor and admitted for the normal delivery at Lakshmi Madhavan Hospital in Tirunelveli.

Sampling technique:

It is a selection of components of the sample that will give a representative view of the whole is known as sampling technique.

The sample has been selected for this study by adopting convenient sampling technique. Convenient sampling technique was also referred to as accidental or incidental and involves choosing the readily available people or objects for a study.

Sampling procedure:

Sampling is the process of selecting the number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected (Ogula, 2005)

In this study the researcher was selected as a sample of the Primi gravida mothers who were coming with true labor pain, 0-2 cm of cervical dilatation, expecting full term normal vaginal delivery and willing to do the procedure of dick read method during each contraction.

Criteria for selection of samples:

Inclusion criteria:

- ✓ Primi gravida mothers with 37-40 weeks of gestational age.
- ✓ Primigravida mothers with the age group of 21 to 35 years.
- ✓ Primigravida Mothers who were expected to full term normal vaginal delivery.
- ✓ Primigravida Mothers who were in true labor pain and 0-2 cm cervical dilatation.
- ✓ Primigravida Mothers who were easy to understood Tamil and English.
- ✓ Primigravida Mothers who were willing to do the procedure during each contraction.

Exclusion criteria:

- ✓ Primigravida mothers those who are not willing to participate in this study.
- ✓ Primigravida mothers those who are suffering from mental illness, gestational and obstetric complication.
- ✓ Primigravida mothers those who were underwent preterm labour, dystocia, still birth.
- ✓ Primigravida mothers those who were diagnosed with multible pregnancy.
- ✓ Primigravida mothers those who were admitted in emergency unit.

Development of the instrument:

The research instrument was developed in English and also transmitted in vernacular language after the extensive review of literature and expert opinion.

Description of data collection instrument:

The instrument consist of 3 sections

Section-A:

Demographic variables consists of Primigravida Mothers such as age in years, educational qualification, occupation, family income per month, religion, marital relationship, type of marriage, type of family, duration of marital life in years, area of living and previous information regarding childbirth process.

Section-B:

The gestational variables consists of gestational age in weeks, history of infertility, if yes means specify the treatment, antenatal visits, status of membrane.

Scoring pattern :

This tool does not contain any scoring descriptive analysis of the data will be done in terms of frequency and percentage.

Section-C:**Assessment of labour Pain Perception:**

The assessment of pain perception include

1. Pain threshold was assessed by the Likert pain scale, it is a standardized tool developed by Renis likert. And consist of 9 events regarding pain.

Scoring pattern:

The minimum score was 1 and maximum score for pain threshold was 36 regarding labor Pain during first stage of labor on the basis of scoring, the level of pain threshold was categorized as

25-36 - Low pain threshold

13-24 - Average pain threshold

1-12 - High pain threshold

2. Pain tolerance was assessed by FLACC (Face, Leg, Activity, Cry and Consolability) pain scale, It is standardized tool developed by the department of anesthesiology, University of Michigan medical school and health system which consist of 5 aspects regarding pain.

Scoring pattern:

The minimum score was 1 and maximum score for pain tolerance was 10 regarding labor Pain during first stage of labor. On the basis of scoring, the level of pain tolerance was categorized as:

7-10- Low pain tolerance

4- 6 – Average pain tolerance

1-3 High pain tolerance

3. Pain intensity was assessed by visual analogue scale, it is a standardized tool developed by Heft parker.

Scoring pattern:

The minimum score was 1 and maximum score for pain threshold was 10 regarding labor Pain during first stage of labor on the basis of scoring, the level of pain intensity was categorized as:

1-3 - mild pain intensity

4- 6 - moderate pain intensity

7-10 - severe pain intensity

Content validity:

The tools were checked and evaluated by 4 nursing experts and 1 medical experts from the field of obstetrics and gynecological department. Their valuable opinion and suggestion were considered and incorporated in the tool.

Reliability:

Reliability of the tool was tested by the investigator. The reliability score for likert scale $r = 0.71$ was determined by inter rater method.

FLACC pain scale $r=0.963$ determined by inter rater reliability and, Visual Analogue Scale score was $r= 0.77$ determined by inter rater method.

PILOT STUDY:

The pilot study was trial run for major study. The tool was used for the pilot study to test the feasibility and practicability. The pilot study was conducted in Lakshmi Madhavan hospital, Tirunelveli. The period for pilot study was one week. The investigator made good rapport with the primigravida mothers. Oral consent was obtained from participants. Investigator explained the purpose of the study to the subjects. The investigator selected 5 samples by using convenient sampling technique. Pre-test was conducted to assess the labor pain perception. The assessment of labor pain perception include Pain threshold is assessed by the Likert pain scale, Pain tolerance is assessed by FLACC (Face, Leg, Activity, Cry and Consolability) pain scale, Pain intensity is assessed by visual analogue scale. The investigator explained about the Dick Read Method to the subjects. And the researcher encouraged the primigravida mother to do dick read method during each contraction. After that the investigator conduct post-test on 4cm, 6cm cervical dilatation of first stage of labor among primigravida mothers with use of same tool. Based on the pilot study report the Dick Read Method was found to be effective and easy to administer. The tool was found to be practicable and feasible.

Description of the intervention:

- ❖ Step- 1: prepare the mother.
- ❖ Step-2: The researcher explains the procedure to the mothers and get co-operation from the mothers.

- ❖ Step-3: The researcher explained the primigravida mothers about abdominal breathing in the early stage of labor.
- ❖ Step-4: Ask the mother to place the both hands on the abdomen for feel the abdominal wall expansion.
- ❖ Step-5: Encourage the mother to inhale deeply from the abdomen through the nose.
- ❖ Step-6: Ask the mother closes the mouth while inhaling and open the mouth while exhaling.
- ❖ Step-7: As far as possible ask the mother to rise the abdominal wall.
- ❖ Step-8: Ask the mother to exhaling the air through the mouth same time dropping the abdominal wall also.
- ❖ Step-9: Encourage the mother to do the procedure during each contraction

DATA COLLECTION PROCEDURE:

The investigator obtained formal permission prior to data collection from the Principal and research committee of Nehru Nursing College and also concerned authorities of Lakshmi Madhavan Hospital at Tirunelveli. The data were collected in Lakshmi Madhavan Hospital at Tirunelveli. The investigator made good rapport with the primigravida mothers. Oral consent was obtained from participants. Investigator explained the purpose of the study to the subjects. Totally 30 samples were selected by the convenient sampling technique. Pre-test was conducted to assess the labor pain perception. The assessment of labor pain perception include Pain threshold is assessed by the Likert pain scale, Pain tolerance is assessed by FLACC (Face, Leg, Activity, Cry and Consolability) pain scale, Pain intensity is assessed by Visual

analogue scale. The investigator explained about the Dick Read Method to the subjects. And the researcher encouraged the primigravida mother to do dick read method during each contraction. After that the investigator conduct post-test on 4cm, 6cm cervical dilatation of first stage of labor among primigravida mothers with use of same tool.

PLAN FOR DATA ANALYSIS:

According to the objectives and hypothesis of the study and the opinion of the experts, it was planned to organize, tabulate, analyze and interpret the data by using both descriptive and inferential statistics were used.

1. Descriptive statistics:

- The frequency and percentage distribution of demographic variables and gestational variables.
- Mean and standard deviation was used to assess the pre-test and post-test I and II level of labor pain perception during first stage of labor among the primigravida mothers.

2. Inferential statistics:

- Paired “t” test was used to compare the pre and post-test level of labor pain perception during first stage of labor among the Primigravida mothers.
- Chi square test was used to associate the level of labor pain perception during first stage of labor among the Primigravida mothers with their demographic variables and gestational variables.

Ethical consideration:

- ✓ The study was conducted after the approval of the research committee of Nehru Nursing College.
- ✓ Formal permission was obtained from Principal of Nehru Nursing college, Vallioor.
- ✓ Formal permission was obtained from the Lakshmi Madhavan Hospital at Tiruneveli.
- ✓ Oral consent was obtained from Primigravida mothers before data collection.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Polit and hungler (1999) state that statistical analysis is a method of rendering quantitative information in a meaningful and intelligible manner. Statistical procedure enables the researcher to organize, analyze, evaluate, interpret and communicate numerical information meaningful.

This chapter deals with the statistical analysis and interpretations of the collected data to assess the level of labor pain perception during the first stage of labor among the 30 primigravida mothers in Lakshmi Madhavan Hospital at Tirunelveli.

Data analysis was computed after transferring the collected data into a coding sheet. The data was analyzed, tabulated and interpreted using the descriptive and inferential statistics.

The study findings are presented in sections as follows;

Section A: Data on the demographic and gestational variables among the Primigravida mothers.

Section B: Data on the level of pain perception on first stage of labour among the primigravida mothers

Section C: Data on the Effectiveness of Dick Read Method on labor pain perception on first Stage of labour among the primigravida mothers.

Section D: Data on the association between the labour pain perception variables among the Primigravida mothers with their demographic variables and gestational variables.

SECTION-A: Data on Demographic and Gestational variables among the Primigravida Mothers.

Table : 1 - Frequency and Percentage distribution of demographic variables among the Primigravida mothers.

n=30

S. No	Demographic variables	Frequency (f)	Percentage (%)
1	Age in years a) 21-24 years b) 25-28 years c) 29-32 years d) 33-36 years	6 16 8 0	20 53.34 26.66 0
2	Educational status a) Illiterate b) School education c) Graduate d) Post graduate	0 4 22 4	0 13.33 73.34 13.33
3	Occupation a) House wife b) Wage earner c) Professional d) Non professional	25 0 5 0	83.34 0 16.66 0
4	Family income per month in rupees a)<5000 b) 5001-10000 c) 10001-15000 d) >15001	2 2 3 23	6.66 6.66 10 76.68
5	Religion a) Hindu b) Christian c) Muslim	22 4 4	73.34 13.33 13.33

6	Marital relationship a) Consanguineous b) Non consanguineous	5 25	16.66 83.34
7	Types of marriage a) Arranged marriage b) Love marriage with family support c) Love marriage without family support	26 4 0	86.66 13.34 0
8	Type of family a) Nuclear b) Joint	11 19	36.66 63.34
9	Duration of Marital life in years a) <1 yrs b) 2-3 yrs c) 3-4 yrs d) >5 yrs	13 11 4 2	43.34 36.66 13.34 6.66
10	Area of living a) Rural b) Urban	10 20	33.34 66.66
11	Are you got information regarding childbirth process a) Yes b) No	30 0	100 0
12	If yes, Source of information on childbirth process a) Mass media b) Family members c) Health personnel d) Friend.	7 15 8 0	23.34 50 26.66 0

Table1 reveals, the distribution of socio demographic variables of primigravida mothers with regard to age among 30 primigravida mothers; 16(53.34%) of them belonged to 25-28 years of age group, 8(26.66%) of them were in 29-32 years of age group , and 6(20%) of them belong to 21-24 years of age group.

In view of educational status, 22(73.34%) of them were graduates, 4(13.33%) of them were post graduates, and 4 (13.33%) of them completed school education.

About occupation, 25(83.34%) of them were house wives and 5(16.66%) of them were doing professional jobs.

Regarding monthly income, 23(76.68%) of them were earning above 15,001 rupees, 3(10%) of them were earning 10000- 15000 rupees, 2(6.66%) of them were earning 5001- 10000 rupees, and 2(6.66%) of them were earning below 5000 rupees.

In regard to the religion, 22(73.34%) of them were Hindu, 4(13.33%) of them were to Christian, and 4 (13.33%) of them were Muslim religion

About the marital relationship, 25(83.34%) of them were married non consanguineously, and 5(16.66%) got married with consanguineously .

With regard the type of marriage, 26(86.66%) of them were a married in arranged marriage, 4(13.34%) of them got love marriage with family support.

In respect to the type of family, 19 (63.34%) of them were living in a joint family, and 11(36.66%) of them were living as nuclear family.

Regarding the duration of marriage, 13(43.34%) of them were less than 1 years duration, 11(36.66%) of them were in 1-2 years duration, 4(13.34%) of them were in 2-3 years duration, and 2(6.66%) of them were in more than 4 years duration of marital life.

Concerning the area of living, 20(66.66%) of them were residing in urban area, and 10(33.34%) of them were residing in rural area.

As far getting the information regarding childbirth process, 30(100%) of them were got information regarding childbirth process.

With regard to the source of information regarding child birth process, 15(50%) of them were got information from the family members, 7(23.33) of them were got information from mass media, and 8(26.66%) of them were got information from health personnel.

Interpretation:

In demographic variables; majority of them 16(53.34%) were belongs to 25-28 years of age group, 22(73.34%) of them were graduates, 25(83.34%) of them were house wives, 23(76.66%) of them were earning more than 15001 rupees, 22(73.34%) of them belongs to Hindu religion, 25(83.34%) of them got married non consanguineous marriage, 26(86.66%) of them were got arranged marriage, 19(63.34%) of them were living as joint family, 13(43.34%) of them had less than 1 year duration of marital life, 20(66.66%) of them were living in urban area, 30(100%) of them were got information regarding child birth process, 15(50%) of them got information regarding child birth from their family members.

Table: 2- Frequency and Percentage distribution of Gestational Variables among the Primigravida mothers.

n=30

S. no	Variables	Frequency (f)	Percentage (%)
1	Gestational age in weeks a) 37 b) 38 c) 39 d) 40	2 11 13 4	6.66 36.66 43.34 13.34
2	History of infertility a) Yes b) No	17 13	56.66 43.34
3	If yes, specify the treatment? (n=17) a) Hormone tablet b) IVF c) Hormone tablet and IVF d) Nil	4 0 0 13	23.52 0 0 76.47
4	Antenatal visits a) Regular b) Irregular c) Not at all	30 0	100 0
5	Status of membrane on admission a) Intact b) AROM c) PROM d) SROM	21 0 0 9	70 0 0 30

Data from **table 2** has indicated the following regarding the Gestational age in weeks among 30 primigravida mothers; 13(43.34%) of them were in 39 weeks of gestation, 11(36.66%) of them were in 38 weeks of gestation, 4 (13.34%) of them were in 40 weeks of gestation and 2(6.66%) of them were in 37 weeks of gestation.

In view of history of infertility, 13(43.34%) of them had no complaints of infertility problem, 17(56.66%) of them were had infertility problem. About antenatal visit 30(100%) of them attended regular antenatal checkups.

As regards status of membrane, 21(70%) of them were admitted in labour room with intact membrane, and 9(30%) of them were admitted in labour room with spontaneous rupture of membrane.

Interpretation:

Regarding the gestational variables majority of them 13(43.34%) of were in 39 weeks of gestation, 17(56.66%) of them were had infertility problem, 30(100%) of them were came for regular antenatal visit, 21(70%) of them were admitted in labour room with intact membrane.

**SECTION-B: Data on the level of pain perception on first stage of labour
among the Primigravida Mothers.**

**Table : 3 - Frequency and Percentage of Pain threshold on first stage of
labour among the Primigravida mothers.**

n=30

Pain threshold	Low		Average		High	
	f	%	f	%	f	%
Pretest	25	83.34	5	16.66	0	0
Posttest I	0	0	14	46.66	16	53.34
Posttest II	0	0	1	3.34	29	96.66

The table 3 reveals that out of 30 primigravida mothers, In pretest, 25(83.34%) of them had Low level of pain threshold, 5(16.66) of them were in average level of pain threshold.

In posttest I, 16(53.34%) of them had high level of pain threshold, 14(46.66%) of them were in average level of pain threshold, and none of them were in low level of pain threshold.

In posttest II, 29(96.66%) of them had high level of pain threshold, 1(3.34%) of them had average level of pain threshold, and none of them were in low level of pain threshold.

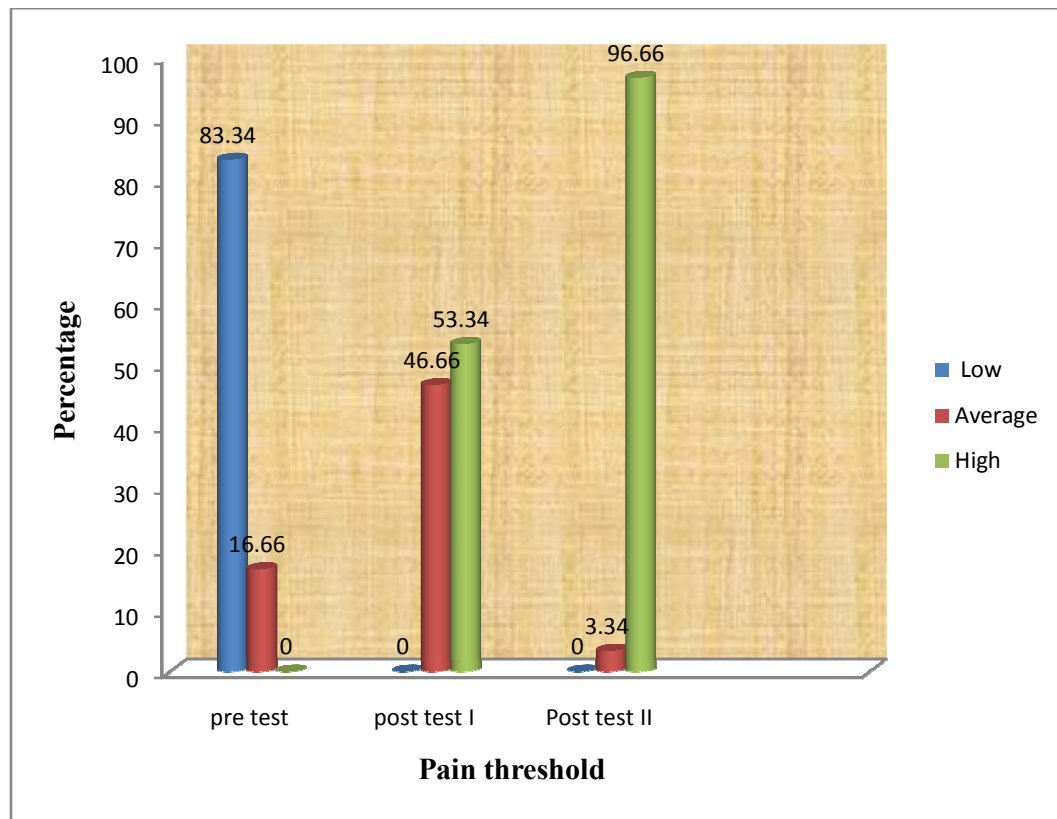


Fig: 3 Bar diagram showing Frequency distribution level of pain threshold on first stage of labour among the primigravida mothers.

Table 4: Frequency and Percentage level of pain tolerance on first stage of labor among the primigravida mothers.

n=30

Pain tolerance	Low		Average		High	
	f	%	f	%	f	%
Pretest	29	96.66	1	3.34	0	0
Posttest I	0	0	15	50	15	50
Posttest II	0	0	1	3.34	29	96.66

The **table 4** reveals that out of 30 primigravida mothers, In pretest, 29(96.66%) of them had low level of pain tolerance, 1(3.34%) of them had average level of pain tolerance.

In pos test I, 15(50%) of them had high level of pain tolerance, 15(50%) of them had average Level of pain tolerance, and none of them were in low level of pain tolerance.

In posttest II, 29(96.66%) of them had high level of pain tolerance, 1 (3.34%) of them had average level of pain tolerance, and none of them were in low level of pain tolerance.

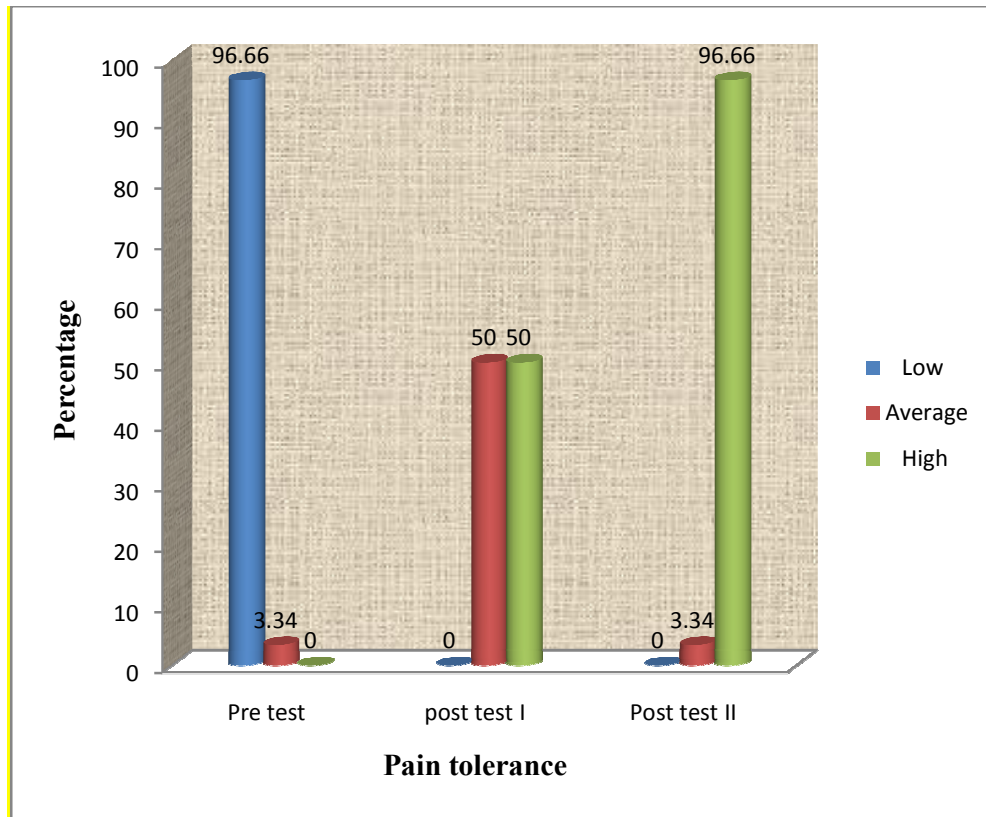


Fig: 4 Bar diagram showing Frequency distribution level of pain tolerance on first stage of labour among the primigravida mothers.

Table:5- Frequency and Percentage of pain intensity on first stage of labor among the Primigravida mothers.

n=30

Pain intensity	Mild		Moderate		Severe	
	f	%	f	%	f	%
Pretest	0	0	0	0	30	100
Posttest I	9	30	21	70	0	0
Posttest II	27	90	3	10	0	0

Table 5 reveals that out of 30 primigravida mothers, during pretest all the mothers had severe level of pain intensity.

In posttest I, 9(30%) of them had mild level of pain intensity, 21(70%) of them had moderate Level of pain intensity, and none of them were in severe level of pain intensity.

In posttest II, 27(90%) of them had mild level of pain intensity and 3 (10%) of them had moderate level of pain intensity, none of them were in severe level of pain intensity.

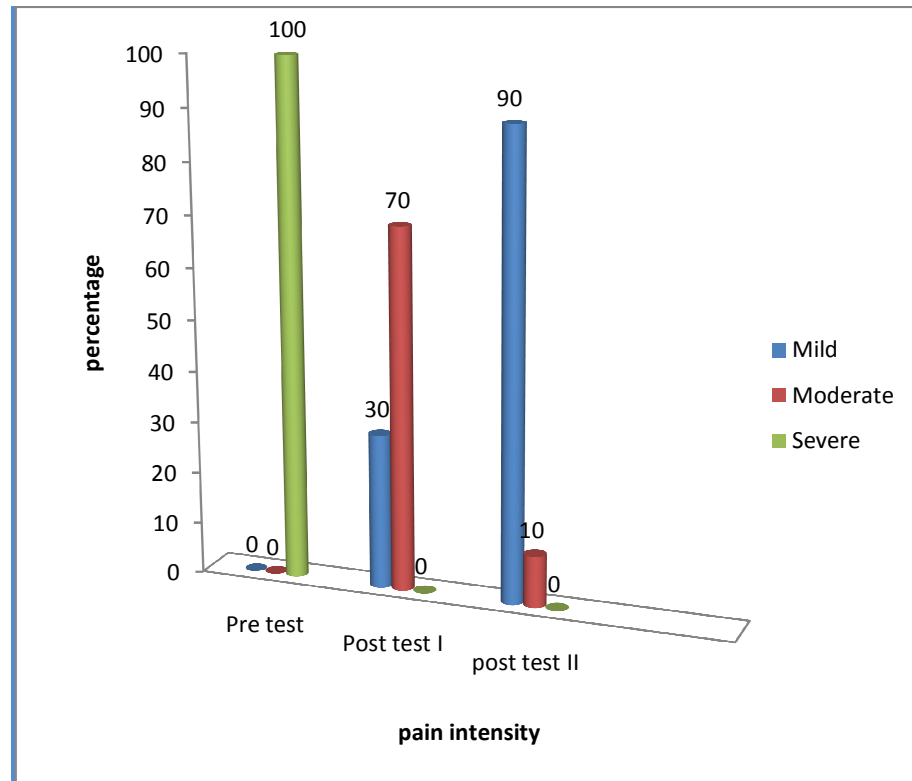


Fig:5 Bar diagram showing Frequency distribution level of pain intensity on first stage of labour among the primigravida mothers.

Section : Data on effectiveness of Dick Read Method on labour Pain Perception during First stage of labor among the Primigravida mothers.

Table: 6 - Mean, Standard deviation and 't' value of Pre-test and post-test levels of pain threshold on first stage of labor among the Primigravida mothers.

n=30

S. no	Test	Mean	Standard deviation	't' value
I	Pretest	26.7	3.68	22.5*
	Posttest I	13.2	2.49	P<0.05
II	Posttest I	13.2	2.49	8.9*
	Posttest II	9.46	1.83	P<0.05
III	Pretest	26.7	3.68	22.3*
	Posttest II	9.46	1.83	P<0.05

***- significant at p<0.05 level**

Table:6: reveals that the pretest mean value of pain threshold was 26.7 with standard deviation score was 3.68. In posttest I pain threshold mean score was 13.2 with Standard deviation score was 2.49. In posttest II pain threshold mean score was 9.46, with Standard deviation score was 1.83. The obtained 't' value of pretest and posttest I was 22.5, posttest I and posttest II score was 8.9, pretest and posttest II score was 22.3, which was significant at 0.05 levels. Hence it was concluded that Dick Read Method was effective in increasing the level of pain threshold on first stage of labour among the primigravida mothers.

Table 7: Mean, Standard deviation and ‘t’ value of pre-test and post- test levels of pain Tolerance on first stage of labor among the Primigravida mothers.

n=30

S. no	variables	Mean	Standard deviation	‘t’ value
I	Pretest	8	0.81	19.91*
	Posttest I	3.76	0.91	P<0.05
II	Posttest I	3.76	0.91	5.06*
	Posttest II	2.9	0.38	P<0.05
III	Pretest	8	0.81	29.1*
	Posttest II	2.9	0.38	P<0.05

***- significant at p<0.05 level**

Table:7; reveals that the pretest mean pain tolerance score was 8 with Standard deviation was 0.81. In posttest I pain tolerance mean score was 3.76 with Standard deviation score was 0.91. In posttest II pain tolerance mean score was 2.9 with Standard deviation score was 0.38. The obtained ‘t’ test for pretest and posttest I score was 19.91, posttest I and posttest II score was 5.06, pretest and posttest II score was 29.1, which was significant at 0.05 level. Hence the Dick Read Method was effective in increasing the level of pain tolerance on first stage of labour among the primigravida mothers.

Table 8: Mean, Standard deviation and ‘t’ value of pre-test and post-test levels of pain intensity during first stage of labor among the Primigravida mothers.

n=30

S. No	variables	Mean	Standard deviation	‘t’ value
I	Pretest	8.03	0.77	25.21*
	Posttest I	4.2	1.04	P<0.05
II	Posttest I	4.2	1.04	6.28*
	Posttest II	3.06	0.34	P<0.05
III	Pretest	8.03	0.77	31.99*
	Posttest II	3.06	0.34	P<0.05

***- significant at p<0.05 level**

Table 8: reveals that the pretest mean pain intensity score was 8.03 with Standard deviation was 0.77. In posttest I pain intensity mean score was 4.2 with Standard deviation score was 1.04. In posttest II pain intensity mean score was 3.06 with Standard deviation score was 0.34. The obtained ‘t’ test for pretest and posttest I score was 25.21, posttest I and post test II score was 6.28, pre test and post test II score was 31.99, which was significant at 0.05 level. Hence the Dick Read Method was effective in decreasing the level of pain intensity during the first stage of labour among the primigravida mothers.

Section- D: Data on association between the labor pain perception among the primigravida mothers with their selected demographic and gestational variables.

Table: 9 - Association between the level of pain threshold and the selected demographic variables among the primi gravida mothers. n=30.

S. No	Demographic variables	Level of pain threshold			χ^2 value
		Low	Average	High	
		f	f	f	
1	Age in years				
	a) 21-24 years	6	0	0	1.164 NS
	b) 25-28 years	12	4	0	
	c) 29-32 years	7	1	0	
	d) 33-36 years	0	0	0	
2	Educational status				
	a) Illiterate	0	0	0	2.126 NS
	b) School education	1	3	0	
	c) Graduate	20	2	0	
	d) Post graduate	4	0	0	
3	Occupation				
	a) House wife	21	4	0	0.056 NS
	b) Wage earner	0	0	0	
	c) Professional	4	1	0	
	d) Non professional	0	0	0	
4	Family income per month in rupees				
	a) <5000	2	0	0	1.80 NS
	b) 5001-10000	2	0	0	
	c) 10001-15000	2	1	0	
	d) >15001	19	4	0	
5	Religion				0.68 NS
	a) Hindu	19	3	0	
	b) Christian	3	1	0	
	c) Muslim	3	1	0	
6	Marital relationship				0.19 NS
	a) Consanguineous	4	1	0	
	b) Non consanguineous	21	4	0	
7	Types of marriage				1.03 NS
	a) Arranged marriage	23	3	0	
	b) Love marriage with family support	2	2	0	

	c) Love marriage without family support	0	0	0	
8	Type of family				0.71
	a) Nuclear	10	1	0	NS
	b) Joint	15	4	0	
9	Duration of Marital life in years				
	a) <1 yrs				2.57
	b) 2-3 yrs	11	2	0	NS
	c) 3-4 yrs	9	2	0	
	d) >5 yrs	4	0	0	
		1	1	0	
10	Area of living				1.51
	a) Rural	7	3	0	NS
	b) Urban	18	2	0	
11	Are you got information regarding childbirth process				1.32
	a) Yes	25	5	0	NS
	b) No	0	0	0	
12	If yes, Source of information on childbirth process				
	a) Mass media	5	2	0	1.08
	b) Family members	13	2	0	NS
	c) Health personnel	7	1	0	
	d) Friend.	0	0	0	

NS-Non significant

*- significant

Table 9: reveals that there was no association between the demographic variables such as age, education, occupation, family income, marital relationship, types of marriage, type of family, duration of marital life, area of living, got information regarding childbirth process, source of information on child birth process of pain threshold level of primigravida mothers.

Table: 10- Association between the level of pain threshold and the selected gestational variables among the primi gravida mothers.

n=30

S.No	Clinical variables	Level of pain threshold			χ^2 value
		High	Average	Low	
		f	f	f	
1	Gestational age in weeks				
	a) 37	1	1	0	6.65
	b) 38	11	0	0	NS
	c) 39	9	4	0	
	d) 40	4	0	0	
2	Antenatal visits				2.38
	a) Regular	25	5	0	NS
	b) Irregular	0	0	0	
	c) Not at all	0	0	0	
3	Status of membrane on admission				
	a) Intact	17	4	0	1.04
	b) AROM	0	0	0	NS
	c) PROM	0	0	0	
	d) SROM	8	1	0	

NS-Non significant

***- significant**

Table 10: reveals that there is no association between the gestational variables such as gestational age, antenatal visit, status of membrane on admission of pain threshold level of primigravida mothers.

Table: 11 - Association between the level of pain tolerance and the selected demographic variables among the primi gravida mothers.

n=30

S. No	Demographic variables	Level of pain tolerance			χ^2 value
		Low	Average	High	
		f	f	f	
1	Age in years a) 21-24 years b) 25-28 years c) 29-32 years d) 33-36 years	6 15 8 0	0 1 0 0	0 0 0 0	1.196 NS
2	Educational status a) Illiterate b) School education c) Graduate d) Post graduate	0 4 21 4	0 0 1 0	0 0 0 0	2.18 NS
3	Occupation a) House wife b) Wage earner c) Professional d) Non professional	24 0 5 0	1 0 0 0	0 0 0 0	1.244 NS
4	Family income per month in rupees a) <5000 b) 5001-10000 c) 10001-15000 d) >15001	2 2 3 22	0 0 0 1	0 0 0 0	3.407 NS
5	Religion a) Hindu b) Christian c) Muslim	21 4 4	1 0 0	0 0 0	1.22 NS
6	Marital relationship a) Consanguineous b) Non consanguineous	4 25	1 0	0 0	0.395 NS
7	Types of marriage a) Arranged marriage b) Love marriage with family support c) Love marriage without family support	25 4 0	1 0 0	0 0 0	0.22 NS

8	Type of family				1.57
	a) Nuclear	11	0	0	NS
	b) Joint	18	1	0	
9	Duration of Marital life in years				
	a) <1 yrs	13	0	0	2.218
	b) 2-3 yrs	10	1	0	NS
	c) 3-4 yrs	4	0	0	
	d) >5 yrs	2	0	0	
10	Area of living				1.536
	a) Rural	10	0	0	NS
	b) Urban	19	1	0	
11	Are you got information regarding childbirth process				0.72
	a) Yes	29	1	0	NS
	b) No	0	0	0	
12	If yes, Source of information on childbirth process				
	a) Mass media	7	0	0	2.063
	b) Family members	14	1	0	NS
	c) Health personnel	8	0	0	
	d) Friend.	0	0	0	

NS-Non significant

*- significant

Table 11: reveals that there is no association between the demographic variables such as age, education, occupation, family income, marital relationship, types of marriage, type of family, duration of marital life, area of living, got information regarding childbirth process, source of information on child birth process of pain tolerance level of primigravida mothers.

Table:12 - Association between the level of pain tolerance and the selected gestational variables among the primi gravida mothers.

n=30

S.No	Clinical variables	Level of pain tolerance			χ^2 value
		Low	Average	High	
		f	f	f	
1	Gestational age in weeks				
	a) 37	2	0	0	2.28
	b) 38	10	1	0	NS
	c) 39	13	0	0	
	d) 40	4	0	0	
2	Antenatal visits				
	a) Regular	29	1	0	0.8
	b) Irregular	0	0	0	NS
	c) Not at all	0	0	0	
3	Status of membrane on admission				
	a) Intact	20	1	0	0.8
	b) AROM	0	0	0	NS
	c) PROM	0	0	0	
	d) SROM	9	0	0	

NS-Non significant

***_**

significant

Table 12: reveals that there is no association between the gestational variables such as gestational age, antenatal visit, and status of membrane on admission of pain tolerance level of primigravida mothers.

Table: 13 - Association between the level of pain intensity and the selected demographic variables among the primi gravida mothers.

n=30

S.no	Demographic variables	Level of pain intensity			χ^2 value
		Mild	Moderate	Severe	
		f	f	f	
1	Age in years				
	a) 21-24 years	0	0	6	1.41
	b) 25-28 years	0	0	16	NS
	c) 29-32 years	0	0	8	
	d) 33-36 years	0	0	0	
2	Educational status				
	a) Illiterate	0	0	0	1.684
	b) School education	0	0	4	NS
	c) Graduate	0	0	22	
	d) Post graduate	0	0	4	
3	Occupation				
	a) House wife	0	0	25	3.185
	b) Wage earner	0	0	0	NS
	c) Professional	0	0	5	
	d) Non professional	0	0	0	
4	Family income per month in rupees				
	a) <5000	0	0	2	1.587
	b) 5001-10000	0	0	2	NS
	c) 10001-15000	0	0	3	
	d) >15001	0	0	23	
5	Religion				
	a) Hindu	0	0	22	0.9
	b) Christian	0	0	4	NS
	c) Muslim	0	0	4	
6	Marital relationship				
	a) Consanguineous	0	0	5	1.388
	b) Non consanguineous	0	0	25	NS

7	Types of marriage				
	a) Arranged marriage	0	0	26	2.194
	b) Love marriage with family support	0	0	4	NS
	c) Love marriage without family support	0	0	0	
8	Type of family				1.449
	a) Nuclear	0	0	11	NS
	b) Joint	0	0	19	
9	Duration of Marital life in years				0.23
	a) <1 yrs	0	0	13	NS
	b) 2-3 yrs	0	0	11	
	c) 3-4 yrs	0	0	4	
	d) >5 yrs	0	0	2	
10	Area of living				1.52
	a) Rural	0	0	10	NS
	b) Urban	0	0	20	
11	Are you got information regarding childbirth process				2.682
	a) Yes	0	0	30	NS
	b) No	0	0	0	
12	If yes, Source of information on childbirth process				2.046
	a) Mass media	0	0	7	NS
	b) Family members	0	0	15	
	c) Health personnel	0	0	8	
	d) Friend.	0	0	0	

NS-Non significant

*_

significant

Table 13: reveals that there is no association between the demographic variables such as age, education, occupation, family income, marital relationship, types of marriage, type of family, duration of marital life, area of living, got information regarding childbirth process, source of information on child birth process of pain intensity level of primigravida mothers.

Table: 14- Association between the level of pain intensity and the selected gestational variables among the primi gravida mothers.

n=30

S. No	Clinical variables	Level of pain tolerance			χ^2 value
		Mild	Moderate	Severe	
		f	f	f	
1	Gestational age in weeks				0.17 NS
	a) 37	0	0	2	
	b) 38	0	0	11	
	c) 39	0	0	13	
	d) 40	0	0	4	
2	Antenatal visits				3.582 NS
	a) Regular	0	0	30	
	b) Irregular	0	0	0	
	c) Not at all	0	0	0	
3	Status of membrane on admission				3.132 NS
	a) Intact	0	0	21	
	b) AROM	0	0	0	
	c) PROM	0	0	0	
	d) SROM	0	0	9	

***NS-Non significant**

***- significant**

Table 14: reveals that there is no association between the gestational variables such as gestational age, antenatal visit, status of membrane on admission of pain intensity level of primigravida mothers.

CONCLUSION:

After giving Dick Read Method all the primigravida mothers felt comfortable, In aspects of labor pain perception there was increase in the level of pain threshold, increase in the level of pain tolerance, and decrease in the level of pain intensity .

CHAPTER – V

DISCUSSION

This chapter deals with the discussion of the study with the appropriate literature review, statistical analysis and findings of the study based on the objectives of the study.

The aim of the study was to assess the effectiveness of Dick Read Method in reducing labor pain perception during first stage of labor among the primigravida mothers at Lakshmi Madhavan Hospital. Pre experimental study was conducted among 30 primigravida mothers. The data were collected by the likert scale (pain threshold), FLACC pain scale (pain tolerance), visual analogue (pain intensity) were used to assess the level of labor pain perception among the primigravida mothers.

The responses were analyzed through descriptive statistics (mean, frequency, percentage, standard deviation) and inferential statistics ('t'test, chi –square test). Discussions on the findings were arranged based on the objectives of the study.

THE FIRST OBJECTIVE OF THE STUDY WAS TO ASSESSTHE PRETEST AND POST TEST LEVEL OF LABOR PAIN PERCEPTION DURING THE FIRST STAGE OF LABOR AMONG THE PRIMIGRAVIDA MOTHERS.

The study findings revealed that majority of them belong to the demographic variables like, 16(53.34%) belongs to 25-28 years of age, 22(73.34%) of them were graduates, 25(83.34%) of them were house wife, 23(76.66%) of them were earning

more than 15001, 22(73.34%) of them belongs to Hindu religion, 25(83.34%) of them got non consanguineous marriage, 26(86.66%) of them were got arranged marriage, 19(63.34%) of them were living as joint family, 13(43.34%) of them had less than 1 year duration of marital life, 20(66.66%) of them were living in urban area, 30(100%) of them were got information regarding child birth process, 15(50%) of them have got information regarding childbirth from their family members.

The study findings shows that out of 30 primigravida mothers, In pretest 25(83.34%) of them had Low level of pain threshold, 5(16.66) of them were in average level of pain threshold. In posttest I, 16(53.34%) of them had high level of pain threshold, 14(46.66%) of them were in average level of pain threshold, and none of them were in low level of pain threshold. In posttest II, 29(96.66%) of them had high level of pain threshold, 1(3.34%) of them had average level of pain threshold, and none of them were in low level of pain threshold.

The study findings shows that out of 30 primigravida mothers, In pretest 29(96.66%) of them had low level of pain tolerance, 1(3.34%) of them had average level of pain tolerance. In posttest I, 15(50%) of them had high level of pain tolerance, 15(50%) of them had average Level of pain tolerance, and none of them were in low level of pain tolerance. In posttest II, 29(96.66%) of them had high level of pain tolerance, 1 (3.34%) of them had average level of pain tolerance, and none of them were in low level of pain tolerance.

The study findings shows that out of 30 primigravida mothers in pretest all the mothers had severe level of pain intensity. In posttest I, 9(30%) of them had mild level of pain intensity, 21(70%) of them had moderate Level of pain intensity, none of

them were in mild level of pain intensity. In posttest II, 27(90%) of them had mild level of pain intensity, 3 (10%) of them had moderate level of pain intensity, none of them were in mild level of pain intensity.

The study findings were supported by the following studies:

Dengsangluri, Jyoti A Salunkhe(2015) conducted a study to assess the effect of dick read method in reduction of pain during first stage of labor among 48 primigravida mothers (24 in experimental group and 24 in control group) in Krishna hospital at karad city. the random sampling technique was used to select the sample. A Wong weber's facial pain scale and behavioural checklist was used to assess the labour pain level. The results shows that the mean score of experimental group was pretest score was 3, posttest I score was 2.54, the posttest II score was 2.542 and the posttest III score was 3.208. The 't' test pretest and posttest I score was 3.948, pretest and post test II score was 6.806 and pre and posttest III score was 4.281. It was significant at 0.0001 level. The researcher concluded that the Dick Read Method was effective in reducing the perception of labour pain.

THE SECOND OBJECTIVE OF THE STUDY WAS TO EVALUATE THE EFFECTIVENESS OF DICK READ METHOD IN REDUCING LABOR PAIN PERCEPTION DURING FIRST STAGE OF LABOR AMONG THE PRIMI GRAVIDA MOTHERS.

The study findings shows that the pre test mean value of pain threshold was 26.7 with the standard deviation score was 3.68. In posttest I pain threshold mean score was 13.2 with Standard deviation score was 2.49. In posttest II pain threshold mean score was 9.46 with Standard deviation score was 1.83. The obtained 't' value

of pretest and posttest I was 22.5, posttest I and post test II score was 8.9, pretest and post test II score was 22.3, which was significant at 0.05 level. Hence the Dick Read Method was effective in increasing the level of pain threshold on first stage of labour among the primigravida mothers.

The study findings revealed that the pre test mean pain tolerance score was 8 with Standard deviation was 0.81. In posttest I pain tolerance mean score was 3.76 with Standard deviation score was 0.91. In post test II pain tolerance mean score was 2.9 with Standard deviation score was 0.38. The obtained 't' test for pretest and posttest I score was 19.91, posttest I and posttest II score was 5.06, pretest and posttest II score was 29.1, which was significant at 0.05 level. Hence the Dick Read Method was effective in increasing the level of pain tolerance on first stage of labour among the primigravida mothers.

The study findings reveals that the pre test mean pain intensity score was 8.03 with Standard deviation was 0.77. In posttest I pain intensity mean score was 4.2 with Standard deviation score was 1.04. In posttest II pain intensity mean score was 3.06 with Standard deviation score was 0.34. The obtained 't' value of pre test and posttest I score was 25.21, pretest and posttest II score was 6.28, pretest and posttest II score was 31.99, which was significant at 0.05 level. Hence the Dick read method was effective in decreasing the level of pain intensity during the first stage of labour among the primigravida mothers.

The study findings were supported by the following studies:

An experimental study was conducted by **Sruthi.L (2013)** to assess the effectiveness of dick read method on labour pain among 40 Primi mothers at

Government Lady Goschen hospital, Mangalore. The simple random sampling (lottery method) was used to select the sample. A visual analogue scale was used to assess the labor pain perception, A study results shows that the pretest mean value was 2.75 and standard deviation score 0.910, post test mean value was 8.70 and standard deviation score 0.979 and the 't' test score was 5.174 it was significant at 0.05 level. The researcher concluded that the dick read method was effective among primigravida mothers during labour.

The study findings were supported by **Wafa Abdul Karim Abbas, Fawziya Mohammed Nattah (2015)** conducted a quasi experimental study to assessment of level of pain and its relation with dick read method into first stage of labour among 50 primigravida mothers at Babylon teaching hospital at Babylon. A study results shows that the pre test mean value was 2.9, standard deviation 0.60 and posttest I mean score was 4.08 standard deviation 0.79, posttest II mean score was 5.17, standard deviation score 0.80, posttest III mean value was 6.180, standard deviation score was 0.84, posttest IV mean value was 6.84, standard deviation score was 0.56 and the 't' test value was 6.72. It was significant at 0.001 levels. The researcher concluded that experimental group perceived the pain level was less than the control group pain level. So the Dick Read Method was effective for reducing the labour pain perception.

THE THIRD OBJECTIVE OF THE STUDY WAS TO FIND OUT THE ASSOCIATION BETWEEN THE LABOR PAIN PERCEPTION DURING FIRST STAGE OF LABOR WITH THEIR SELECTED DEMOGRAPHIC VARIABLES AMONG THE PRIMI GRAVIDA MOTHERS.

There was no association between the demographic variables such as age, education, occupation, family income, marital relationship, types of marriage, type of family, duration of marital life, area of living, got information regarding childbirth process, source of information on child birth process of labour pain perception variables among the primigravida mothers.

There was no association between the gestational variables such as gestational age, antenatal visit, status of membrane on admission of labour pain perception variables among the primigravida mothers.

The study findings were supported by the following studies:

A similar study was conducted by **Sruthi.L (2013)** to assess the effectiveness of dick read method on labour pain among 40 Primi mothers at Government Lady Goschen hospital, Mangalore. This study shows that no statistical significant association was found in pre test level of labour pain perception with selected demographic variables such as age, educational status, occupation, family income, type of family, gestational age.

Auwalu muhammed and Shehu Danlami (2011) carried out a descriptive cross sectional study to assess the perception of pain in labour among 51 Primigravida mothers in Hajiya Gambo Sawaba General Hospital at Zaria city. The researcher concluded experience of labour pain perception is different may be influenced by age, culture, prior expectation.

SUMMARY:

This chapter dealt about the discussion on the various aspects of the study findings. This chapter comprises of demographic variables of the subjects, assess the level of labor pain perception and evaluate the effectiveness of during first stage of labor among the primigravida mothers, find out the relationship between the labor pain perception and Dick Read Method and determine the association between the Dick Read Method and labor pain perception among the primigravida mothers, were discussed with supportive study findings.

CHAPTER - VI

SUMMARY, FINDINGS, CONCLUSION, IMPLICATION AND RECOMMENDATIONS

SUMMARY OF THE STUDY:

The focus of the study was to assess the effectiveness of Dick Read Method in reducing labor pain perception during first stage of labor among the primigravida mothers.

The study was descriptive in nature. Based on inclusion criteria selected 30 primigravida mother and collected a data by the likert scale (pain threshold), FLACC pain scale (pain tolerance), subjective pain scale (pain intensity) were used to assess the level of labor pain perception among the primigravida mothers at Lakshmi Madhavan Hospital in Tirunelveli.

It provides comprehensive systematic frame work for assessing the effectiveness of Dick Read Method in reducing the labor pain perception during first stage of labor among the primigravida mothers. Descriptive and inferential statistics test were used to report the findings.

The objectives of the study were

1. To assess the pretest and posttest level of labor pain perception during the first stage of labor among the primigravida mothers.
2. To evaluate the effectiveness of Dick Read Method in reducing labor pain perception during first stage of labor among the Primi Gravida Mothers.

3. To find out the association between the labor pain perception during first stage of labor with their selected demographic variables among the Primi Gravida Mothers.

MAJOR STUDY FINDINGS:

In demographic variables among 30 primigravida mothers majority of them belong to the demographic variables like, 16(53.34%) belongs to 25-28 years of age, 22(73.34%) of them were graduates, 25(83.34%) of them were house wife, 23(76.66%) of them were earning more than 15001, 22(73.34%) of them belongs to Hindu religion, 25(83.34%) of them got non consanguineous marriage, 26(86.66%) of them were got arranged marriage, 19(63.34%) of them were living as joint family, 13(43.34%) of them had less than 1 year duration of marital life, 20(66.66%) of them were living in urban area, 30(100%) of them were got information regarding child birth process, 15(50%) of them have got information regarding childbirth from their family members.

The study findings shows that out of 30 primigravida mothers, In pretest 25(83.34%) of them had Low level of pain threshold, 5(16.66) of them were in average level of pain threshold. In posttest I, 16(53.34%) of them had high level of pain threshold, 14(46.66%) of them were in average level of pain threshold, and none of them were in low level of pain threshold. In posttest II, 29(96.66%) of them had high level of pain threshold, 1(3.34%) of them had average level of pain threshold, and none of them were in low level of pain threshold.

The study findings shows that out of 30 primigravida mothers, In pretest 29(96.66%) of them had low level of pain tolerance, 1(3.34%) of them had average

level of pain tolerance. In posttest I, 15(50%) of them had high level of pain tolerance, 15(50%) of them had average Level of pain tolerance, and none of them were in low level of pain tolerance. In posttest II, 29(96.66%) of them had high level of pain tolerance, 1 (3.34%) of them had average level of pain tolerance, and none of them were in low level of pain tolerance.

Out of 30 primigravida mothers in pretest all the mothers had severe level of pain intensity. In posttest I 9(30%) of them had mild level of pain intensity, 21(70%) of them had moderate Level of pain intensity, none of them were in mild level of pain intensity. In posttest II 27(90%) of them had mild level of pain intensity, 3 (10%) of them had moderate level of pain intensity, none of them were in mild level of pain intensity.

The study findings shows that the pre test mean value of pain threshold was 26.7 with standard deviation score was 3.68. In posttest I pain threshold mean score was 13.2 with Standard deviation score was 2.49. In posttest II pain threshold mean score was 9.46 with Standard deviation score was 1.83. The obtained 't' value of pretest and posttest I was 22.5, posttest I and posttest II score was 8.9, pretest and posttest II score was 22.3, which was significant at 0.05 level. Hence the Dick Read Method was effective in increasing the level of pain threshold on first stage of labour among the primigravida mothers.

The study findings revealed that the pre test mean pain tolerance score was 8 with Standard deviation was 0.81. In posttest I pain tolerance mean score was 3.76 with Standard deviation score was 0.91. In posttest II pain tolerance mean score was 2.9 with Standard deviation score was 0.38. The obtained 't' test for pretest and

posttest I score was 19.91, posttest I and posttest II score was 5.06, pretest and posttest II score was 29.1, which was significant at 0.05 level. Hence the Dick Read Method was effective in increasing the level of pain tolerance on first stage of labour among the primigravida mothers.

The study findings reveals that the pretest mean pain intensity score was 8.03 with Standard deviation was 0.77. In posttest I pain intensity mean score was 4.2 with Standard deviation score was 1.04. In posttest II pain intensity mean score was 3.06 with Standard deviation score was 0.34. The obtained 't' value of pretest and posttest I score was 25.21, pretest and posttest II score was 6.28, pretest and posttest II score was 31.99, which was significant at 0.05 level. Hence the Dick read method was effective in decreasing the level of pain intensity during the first stage of labour among the primigravida mothers.

There was no association between the demographic variables such as age, education, occupation, family income, marital relationship, types of marriage, type of family, duration of marital life, area of living, got information regarding childbirth process, source of information on child birth process of labour pain perception variables including pain threshold, pain tolerance, and pain intensity among the primigravida mothers.

There was no association between the gestational variables such as gestational age, antenatal visit, and status of membrane on admission of labour pain perception variables including pain threshold, pain tolerance and pain intensity among the primigravida mothers.

CONCLUSION:

The main conclusion drawn from this present study was that most of the primigravida mothers had severe labor pain perception in their pretest. After giving the effective Dick Read Method, majority of the primigravida mother had increasing the level of pain threshold, increasing the level of pain tolerance and decreasing the level of pain intensity. It is revealed that Dick Read Method will surely reduce the labor pain perception and cope up the labour process and reduce the incidence of cesarean delivery. Dr. Madhubala assessed the primigravida mothers and told the dick read method was very useful so the doctor advised to do the procedure for all primigravida mothers. During post natal period the primigravida mothers told Dick Read Method is very useful for me.

IMPLICATIONS OF STUDY:

The implication of the findings has been discussed in relation to nursing practice , nursing education, nursing administration and nursing research.

Nursing practice:

- ✓ Midwife have a vital role in providing safe and effective nursing care to enhance reduction of labour pain perception
- ✓ The maternity nurse has an essential role to give health education to primigravida mothers, which helps to gain knowledge regarding Dick Read Method .
- ✓ Midwife can encourage the primigravida mothers to do dick read method during each contraction.
- ✓ Midwife can supervise the student nurses for practicing of Dick Read Method.

- ✓ Midwife need to take responsibility to create awareness among primigravida mothers regarding non pharmacological methods for reducing labour pain perception.
- ✓ Nurses should develop in depth knowledge about Dick Read Method
- ✓ Nurses can provide the nursing care intervention Dick Read Method which is simple, easily available and culturally accepted intervention for labor.
- ✓ The nurses should create awareness in the antenatal mother in last trimester regarding the effectiveness of Dick Read Method.

Nursing education:

- ✓ Nurse educator with higher education and up- to-date knowledge will provide a cost effective and quality client care.
- ✓ In the curriculum of basic nursing education as a part of intra natal care along with the physiology of labor and Dick Read Method.
- ✓ Nurses educator can educate the primigravida mothers about the benefits of Dick Read Method.
- ✓ The nurse educator should emphasize on health education of Dick Read Method and its practice as a part of learning experience for students.
- ✓ Encourage the students for effective utilization of research based practice
- ✓ Dick read method practice may be integrated in developing protocol related to first stage of labor for nursing care action.

Nursing research:

- ✓ This study will be a motivation for budding researcher to conduct similar studies on a large sample.

- ✓ Evidenced based nursing practice must take higher profile in order to increase the awareness among primigravida mothers.
- ✓ Evidenced based practice need to be incorporated in the labour room.
- ✓ Nursing research represents a critically important tool for the nursing profession to gain such knowledge.
- ✓ It emphasize many research work that need to be conducted relating to the problem of primigravida mothers and practice of dick read method which could provide current information on dick read method.

Nursing administration:

- ✓ The nursing administration should take an initiative in creating policies and plans for giving education to women during pregnancy and help them in safe delivery.
- ✓ Nurse managers can plan for antenatal classes as well as video assisted programme regarding dick read method on OPD basis in order to prepare the mothers to perform during intranatal period.
- ✓ Arrange and conduct workshops, conference, seminars on Dick Read Method to reducing the labour pain perception.
- ✓ The administrator must take sure that education and informational material should have consistent information which can be displayed in labor room.
- ✓ Necessary administrative support should be provided for the success of Dick Read Method.
- ✓ Provide opportunities for nurse midwife to attend training programs on dick read method for pain management in labour.

LIMITATIONS:

- ✓ The investigator was unable to control the influence of other extraneous variables
- ✓ There was no control group to compare the effects with the group that underwent interventions sessions.

RECOMMENDATION:

- ✓ The study can be replicated with large sample size.
- ✓ The same study can be done with control group.
- ✓ The same study can be conducted as longitudinal study.
- ✓ A comparative study could be done with the non-pharmacological measures and Dick Read Method to reduce the labour pain.
- ✓ A similar study can be conducted on multigravida mother to know the effectiveness.

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APPENDIX -A



NEHRU NURSING COLLEGE

G.O. (MS) NO. 486 HEALTH DATED ON 27.8.98

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY PROC. NO.:18677/AFFLN.II(1)/99 DATED ON 28.9.2000
APPROVED BY TAMILNADU NURSES AND MIDWIVES COUNCIL AND INDIAN NURSING COUNCIL

NEHRU NAGAR, POST BOX NO. 3,
TIRUCHENDUR ROAD, VALLIOOR - 627117.
TIRUNELVELI DIST., TAMILNADU.

Email : nehrunursingcollege@gmail.com
Tel : 04637 - 221460, 222126
Teli Fax : 04637 - 221460

Your Ref :

Date : 22/11/2017

Our Ref NNC/

COPY OF LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

From

Mrs.A.Revathi
M.Sc Nursing II Year
Nehru Nursing College,
Vallioor.

To

The Medical Superintendent,
Lakshmi Madhavan Hospital,
Tirunelveli

Through

The Principal
Nehru Nursing College - Vallioor

Respected Madam/ Sir,

Sub: Letter seeking permission to conduct study at Lakshmi Madhavan Hospital.

I wish to state that as a part of my M.Sc (N) course fulfilment, I need to conduct a research project which is to be submitted to The Tamilnadu Dr.M.G.R. Medical University, Chennai for which I have selected a topic **"A study to assess the effectiveness of Dick Read Method in reducing labour pain perception during first stage of labour among the primigravida mothers in Lakshmi Madhavan Hospital, Tirunelveli District"**

So I request you kind self to consider the above request and permit me to conduct the research work in your esteemed institution for which I would be ever grateful to you. I assure you that I will follow the institutional policies during the research work undertaken.

Thanking you,

Place: Vallioor

Yours Faithfully

Date: 22/11/2017

Mrs.A.Revathi



*Forwarded to man
for permission
21/11/17*

Dr. M. Madhu Bala
M.B.B.S., M.D. (Ob & Gyn) DNB (Ob & Gyn) MNAMS
LAKSHMI MADHAVAN HOSPITAL
South Bypass Road, Tirunelveli - 3.
Reg. No. 53764

APPENDIX - B

Letter Seeking Expert's Opinion For Content Validity

From,

Ms.Revathi.A,
M.Sc (N) IInd Year,
Nehru Nursing College,
Vallioor.

To,

Respected Madam / Sir,

**Sub: Requesting opinion and suggestion for establishing content validity
 of Research Tool.**

I would like to bring to your kind consideration that as a part of my M.SC (N) II year curriculum, I have selected the below mentioned topic for dissertation to be submitted to the Tamilnadu Dr. MGR Medical University, Chennai as a partial fulfillment of the degree of Master Science in Nursing. My Research topic is

“A study to assess the effectiveness of Dick Read Method in reducing aspects of labour pain perception during first stage of labour among the primigravida mothers”

With regard I kindly request you to validate my tool for its appropriateness and relevancy. I am enclosing need for study statement of the problem, objectives, clinical variables, BPRS. I humbly request you to kindly validate the tool and give your valuable suggestions.

Thanking you

Place:

Yours

Sincerely

Date:

Revathi.A

APPENDIX – C

List of experts for content validity of research tool

1. Prof. DR.T.C.SUGUNA, M.Sc(N)(OBG), M.Sc (N) (SOCIO), Ph.D

Department of Obstetrics and Gynecological Nursing,
Sreemookabika College of Nursing,
kulasekaram,
Nagercoil,
Kanyakumari District.

2. Mrs. ANGEL RANI, M.Sc (N),

Principal

Department of Obstetrics and Gynecological Nursing,
AnnasamyRajammal College of Nursing,
Alangulam,
Tirunelveli district

3. Mrs. ASTRA SOPHIA, M.Sc (N), Ph.D

Associate Professor of Obstetrics and Gynecological Nursing,
Christian College of Nursing,
Neyoor,
Kanyakumaridist.SSSS

4. Mrs.JABA NESA MAHIBA , M.Sc (N) Ph.D,

Associate Professor of Obstetrics and Gynecological Nursing,
Christian College of Nursing,
Neyoor,
Kanyakumaridist

5. DR.MADHU BALA M.B.B.S.,M.D.,(OBG)DNB., MNAMS.

Lakshmi madhavan hospital,
Vannarapettai,
Tirunelveli district

APPENDIX-D

PARTOGRAPH

Name _____ Gravida _____ Para _____ Hospital number _____
 Date of admission _____ Time of admission _____ Ruptured membranes _____ hours

Duration

☐ < 20 sec

☐ 20-40-sec

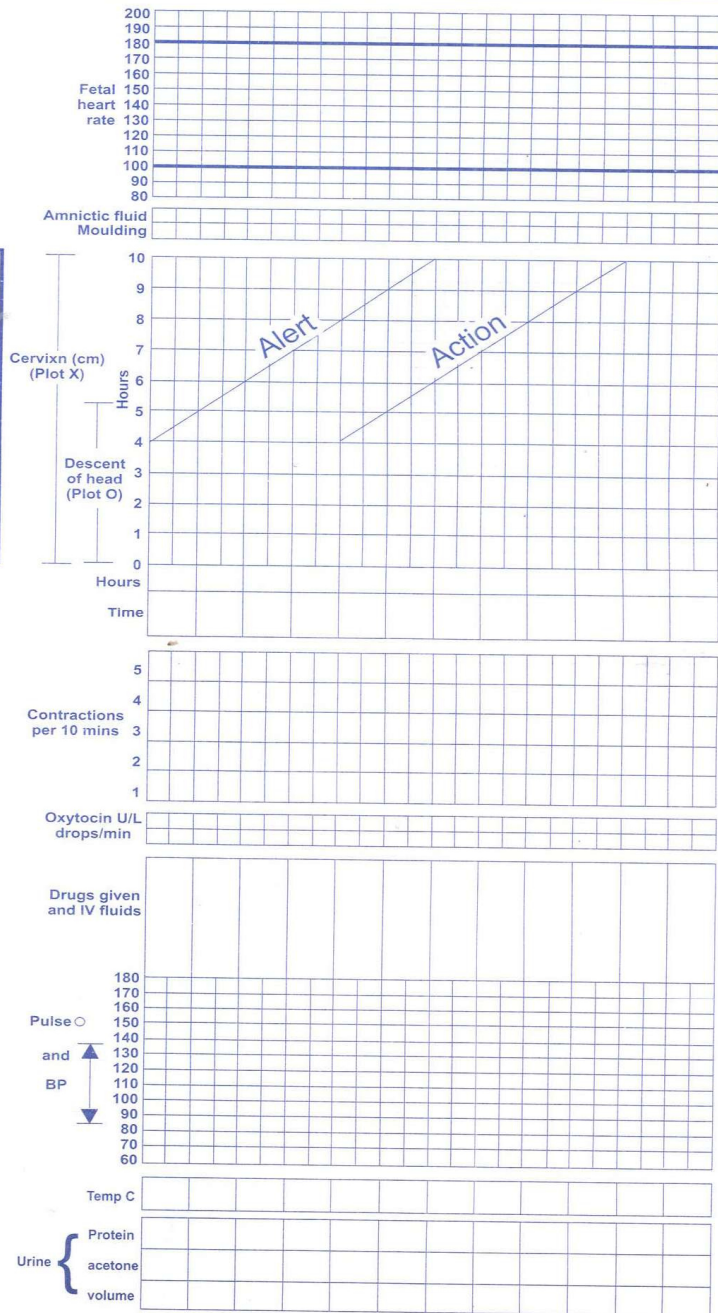
☐ > 40 sec

Intensity

☐ Mild

☐ Moderate

☐ Strong



APPENDIX-E

TOOL FOR DATA COLLECTION

SECTION-A

Instruction

The investigator will collect data by structured self-administered questionnaire and fill the details.

Sample No

Demographic variables for Primigravida Mother:

1. Age in years
 - a) 21-24
 - b) 25-28
 - c) 29-32
 - d) 33-35
2. Educational status
 - a) Illiterate
 - b) school education
 - c) Graduate
 - d) Post graduate
3. Occupation
 - a) House wife
 - b) Wage earner
 - c) Employees
4. Family income per month
 - a) <5000
 - b) 5001-10000
 - c) 10001-15000
 - d) >15001

5. Religion
 - a) Hindu
 - b) Christian
 - c) Muslim
6. Marital relationship
 - a) Consanguineous
 - b) Non consanguineous
7. Types of marriage
 - a) Arranged marriage
 - b) Love marriage with family support
 - c) Love marriage without family support
8. Type of family
 - a) Nuclear
 - b) Joint
9. Duration of Marital life in years
 - a) <1 yrs
 - b) 1-2yrs
 - c) 2-3yrs
 - d) >4yrs
10. Area of living
 - a) Rural
 - b) Urban
11. Are you got information regarding childbirth process
 - a) Yes
 - b) No
12. If yes, Source of information on childbirth process
 - a) Mass media
 - b) Family members
 - c) Health personnel
 - d) Friend.

SECTION- B

Gestational Variables

1. Gestational age in weeks
 - a) 37
 - b) 38
 - c) 39
 - d) 40
2. History of infertility
 - a) Yes
 - b) No
3. If yes, specify the treatment?
 - a) Hormone tablets
 - b) IVF
 - c) Hormone tablets and IVF
 - d) Not at all
4. Antenatal visits
 - a) Regular
 - b) Irregular
 - c) Not at all
5. Status of membrane on admission
 - a) Intact
 - b) AROM
 - c) PROM
 - d) SROM

SECTION- C

Assessment of Pain Perception

The assessment of pain perception include

- Pain threshold
- Pain tolerance
- Pain intensity

Pain Threshold:

The pain threshold is the point along a curve of increasing perception of a stimulus at which pain begins to be felt. It is entirely subjective phenomenon level at which some one experiences pain.

Index	Strongly disagree(0)	Dis agree (1)	Neutral (2)	Agree (3)	Strongly agree(4)
1. I can't bear it any longer					
2. No matter what I do, my pain will not change					
3. I need to take pain medicine					
4. It will never end					
5. I am a hopeless case					
6. When will I be worse again?					
7. This pain is killing me					
8. I can't continue any longer					
9. This pain is driving me crazy					

Scoring key:

The maximum score for pain threshold regarding labor Pain during first stage of labor interpreted as follows

25-36 – Low level of pain threshold

13- 24 –Average level of pain threshold

1-12 - High level of pain threshold

Pain Tolerance:

Pain tolerance is the maximum level of pain that a person is able to tolerate. pain tolerance is distinct from pain threshold (the point at which pain begins to be felt).the FLACC scale was developed by the department of anesthesiology, university of Michigan medical school and health systems. This scale is use to assess the pain tolerance.

Index	Description Of Scores		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaints	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching hugging or “talking to” Distractable	Difficult to console or comfort

Scoring key:

The maximum score for pain tolerance regarding labor Pain during first stage of labor interpreted as follows

7-10 – Low level of pain tolerance

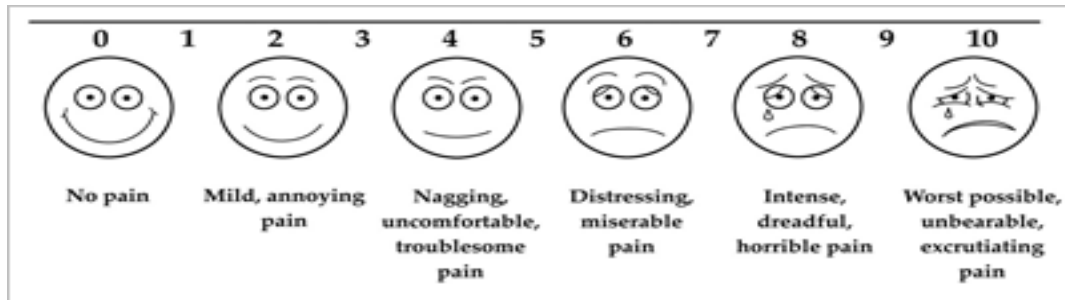
4- 6 –Average level of pain tolerance

1-3 – High level of pain tolerance

Pain Intensity:

The pain intensity its reflects the magnitude of pain, pain is a subjective sensation, so to identify its intensity different types of scales are used whereby the patient indicate the degree of pain being treated. We assume that the sensation of pain is subjective and therefore the only person capable of knowing the pain one suffers is the individual oneself.

The pain intensity was assessed by using visual analogue scale.

**Scoring key:**

The maximum score for pain intensity regarding labor Pain during first stage of labor interpreted as follows

1-3 - mild pain intensity

4- 6 - moderate pain intensity

7-10- severe pain intensity

பகுதி - அ

விவரம் சேகரித்தல்

1. வயது

அ) 21 - 24

ஆ) 25 - 28

இ) 29 - 32

ஈ) 33 - 35

2. கல்வித்தகுதி

அ) படிக்காதவர்

ஆ) பள்ளிகல்விபெற்றவர்

இ) பட்டதாரி

ஈ) முதுகலை

3. தொழில்

அ) குடும்பநிர்வாகி (அ) வீட்டு ஏஜமான்

ஆ) தினக்கூலி

இ) தொழில் சார்ந்தவர்

4. குடும்ப வருமானம்

அ) 5000க்கும் குறைவான

ஆ) 5,001 - 10,000

இ) 10,001 - 15,000

ஈ) 15,0001 க்கும் அதிகமான

5. மதம்

அ) இந்து

ஆ) கிறிஸ்டியன்

இ) முஸ்லீம்

6. திருமணஉறவுமுறை

அ) இரத்த உறவு

ஆ) இரத்த உறவு முறை அல்லாதவர்

7. எந்த வகையான திருமணம்

அ) பெற்றோர்களால் நிச்சயிக்கப்பட்ட திருமணம் செய்தவர்

ஆ) பெற்றோர்கள் சம்மதத்துடன் காதல் திருமணம் செய்தவர்

இ) பெற்றோர்கள் சம்மதம் இல்லாமல் காதல் திருமணம் செய்தவர்

8. குடும்பத்தின் வகை

அ) தனிக்குடும்பம்

ஆ) கூட்டுக்குடும்பம்

9. திருமணம் முடிந்து எத்தனை வருடம் ஆகிறது?

அ) ஒரு வருடத்திற்கு கீழ்

ஆ) 1 - 2ஆண்டுகள் வரை

இ) 2 - 3ஆண்டுகள் வரை

ஈ) 4 வருடத்திற்குமேல்

10. நீங்கள் வசிக்கும் பகுதி

அ) கிராமம்

ஆ) நகரம்நீங்கள் குழந்தை பிறப்பினைப் பற்றிய கல்வியறிவு பெற்றவரா?

அ) ஆம்

ஆ) இல்லை

11. நீங்கள் குழந்தை பிறப்பினைப் பற்றிய கல்வியறிவு பெற்றவரா?
- அ) ஆம்
ஆ) இல்லை
12. ஆம் என்றால், எதன் மூலமாக உங்களுக்கு குழந்தை பிறப்பினை பற்றிய கல்வியறிவு கிடைத்தது
- அ) தொலைக்காட்சி
ஆ) குடும்ப உறுப்பினர்கள்
இ) மருத்துவ துறையைச் சேர்ந்தவர்கள்
ஈ) நண்பர்கள்

பகுதி-ஆ

1. கருவுற்ற நாட்களை வாரத்தில் கூறுக.
- அ) 37 வாரம்
ஆ) 38 வாரம்
இ) 39 வாரம்
ஈ) 40 வாரம்
2. திருமணமாகி 2 ஆண்டுகளுக்கு மேல் கருத்தடை மருந்துகள் எதுவும் உபயோகிக்காமல் குழந்தையில்லாமல் இருந்தீர்களா?
- அ) ஆம்
ஆ) இல்லை
3. ஆம் என்றால்? எந்த வகையான குழந்தையின்மை சிகிச்சை மேற்கொண்டீர்களா?
- அ) ஹார்மோன் மாத்திரை
ஆ) சோதனை குழாய் குழந்தை
இ) ஹார்மோன் மாத்திரை மற்றும் சோதனை குழாய் குழந்தை

ஈ) சிகிச்சை பெறவில்லை

4. கருவுற்றபின் மருத்துவ பரிசோதனைக்கு சென்றீர்களா?

அ) முறையாக

ஆ) இடைவெளிவிட்டு

இ) எதுவும் இல்லை

5. பனிக்குடத்தின் நிலை

அ) உடையவில்லை

ஆ) செயற்கைமுறையில் பனிக்குடம் உடைத்தல்

இ) குறிப்பிட்ட காலத்திற்கு முன்னதாகவே பனிக்குடம் உடைதல்

ஈ) தானாகவே பனிக்குடம் உடைதல்

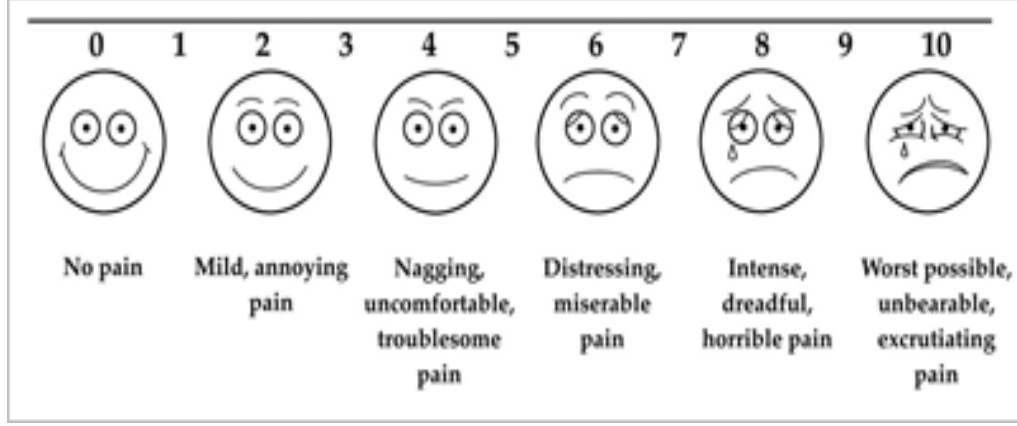
I. வலியின் தொடக்கநிலை

அட்டவணை	வலுவாக ஓத்திராத (0)	கருத்து வேறுபாடு (1)	சார்பற்ற (2)	ஓப்புக் கொள்கிறேன் (3)	வலுவாக ஓப்புக் கொள்கிறேன் (4)
1. என்னால் அதின் நேரம் வலியை தாங்க முடியவில்லை					
2. நான் என்ன செய்வது என்னுடைய வலி குறையவில்லை					
3. எனக்கு வலி நிவாரணி கொடுங்கள்					
4. வலி சரியாகாதா					
5. எனக்கு வலி குறையும் என்று நம்பிக்கை இல்லை					
6. எப்போது இந்த மோசமான வலி சரியாகும்					
7. வலி என்னை கொள்கிறது.					
8. வலியை என்னால் தாங்க முடியாது					
9. இந்த பிரசவ வலி என்னை பைத்தியம் ஆக்கிவிடும்					

2. வலியை தாங்கி கொள்ளுவதல்

அட்டவணை	மதிப்பெண்		
	0	1	2
முகம்	எந்த குறிப்பிட்ட வெளிப்பாடு அல்லது சிரிக்காமல் இருப்பது	அவ்வப்போது பழிப்பு முகநெழிப்பு அல்லது சிடுசிடுப்பு இதிலும் ஆர்வம் இல்லாமை	அடிக்கடி நிலையான சிடுசிடுப்பு தாடையை இறுகி வைத்தல் கன்னம் நடுங்குதல்
கால்கள்	சாதாரண நிலையில் அல்லது தளர்வான நிலையில் இருத்தல்	அமைதியற்ற அல்லது பதட்டமாக இருத்தல்	உதைத்தல் அல்லது கால்களை தூக்குதல்
நடவடிக்கை	அமையாக படுத்திருத்தல், சாதாரண நிலையில் இருத்தல் எளிதாக நகர்தல்	தெகிழ்தல், மாறுதல் முன்னும் பின்னுமாக பதட்டமான நிலையில் இருத்தல்	உடலை வளைத்தல் அல்லது விறைப்பாக இருத்தல்
அழுதல்	அழாமல் இருத்தல்(விழித்து அலுத்து தூங்குதல்)	அவ்வப்போது வலியிருப்பதை சொல்லுதல்	அழுவது கத்துவார்கள் அல்லது வலியிருப்பதை அடிக்கடி சொல்லுதல்
கட்டுப்படுத்துதல்	உள்ளடக்கம் , நிம்மதியாக இருத்தல்	உறுதியளிப்பமை போன்று அவ்வப்போது தொட்டு, கட்டுப்படுத்தல் அல்லது பேசி கவனத்தை திசை திருப்பதல்	ஆறுதல் சொல்லுவது கடினமான ஒன்று

4. வலியின் தீவிரம்



வலி இல்லை	லேசான	விரும்பத்தகாத	துண்பகரமான	தீவிரவலி	தாங்கமுடியாத
	எரிச்சலூட்டும்	வலி	வலி	கொடுரமான	மோசமான
	வலி			வலி	வலி

APPENDIX-F

DICK READ METHOD

Step- 1: prepare the mother.



Step-2: The researcher explains the procedure to the mothers and get co-operation from the mothers.

Step-3: The researcher explained the primigravida mothers about abdominal breathing in the early stage of labor.



Step-4: Ask the mother to place the both hands on the abdomen for feel the abdominal wall expansion.



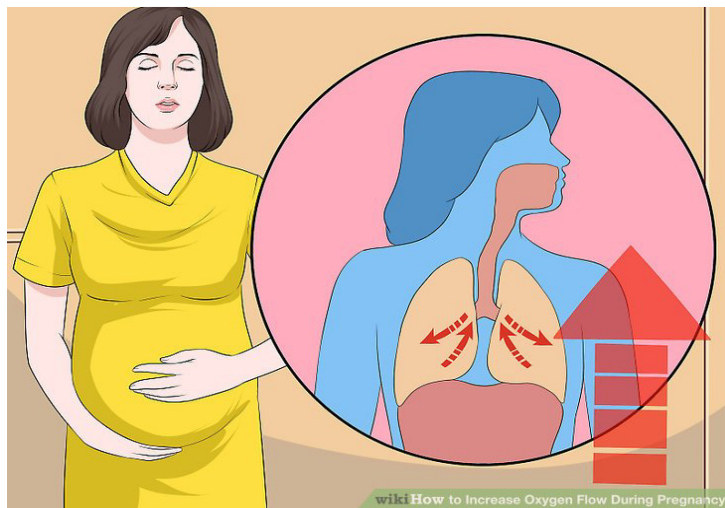
Step-5: Encourage the mother to inhale deeply from the abdomen through the nose.

Step-6: Ask the mother closes the mouth while inhaling and open the mouth while exhaling.





Step-7: As far as possible ask the mother to rise the abdominal wall.



Step-8: Ask the mother to exhaling the air through the mouth same time dropping the abdominal wall also.



Step-9: Encourage the mother to do the procedure during each contraction.

